Library

CITY OF SALFORD
EDUCATION COMMITTEE

SCHOOL HEALTH SERVICE

MINISTRY OF HEALTH
LIBR

REPORT

OF THE

PRINCIPAL
SCHOOL MEDICAL OFFICER,

J. L. BURN, M.D., D.Hy., D.P.H.
For the Year ended 31st December, 1961

Digitized by the Internet Archive
in 2018 with funding from
Wellcome Library

https://archive.org/details/b30066748

Staff of the School Health Service

Principal School Medical Officer...	J. L. Burn, M.D., D.Hy., D.P.H.
Medical Officer with Special Duties	D. W. Preston, M.B., Ch.B., D.P.H.
School Medical Officers...	Kathleen M. Boyes, M.B., Ch.B., D.P.H. Marian Maxwell-Reekie, M.B., Ch.B. Eleanor P. Brown, M.B., Ch.B. (*Resigned September*, 1961) Elizabeth Higham, M.B., Ch.B. Ariane G. M. Wiseman, M.B., Ch.B., D.P.H. Mary S. Gilbody, M.B., B.Ch., B.A.O., D.P.H.
Part-time School Medical Officers	Marjorie F. Landau, M.B., B.S., M.R.C.S., L.R.C.P., D.C.H. Mary C. Murray, M.B., B.Ch., B.A.O. Eugenie Cheesmond, M.B., Ch.B. (Capetown). S. A. Silver, M.B., Ch.B. (*Commenced November*, 1961).
*Consultant Ear, Nose and Throat Specialist.	P. Leeson, F.R.C.S.
*Consultant Orthopædic Specialist...	W. Sayle-Creer, M.Ch. Orth., F.R.C.S.
*Consultant Pædiatrician...	R. I. Mackay, M.B., Ch.B., M.R.C.P., D.C.H.
Part-time Oculist	J. Scully, M.B., Ch.B., D.P.H., D.O.M.S.
Orthoptist	Sheila Thompson, D.B.O.
Principal School Dental Officer ...	W. C. Parr, L.D.S.
Assistant School Dental Officers...	Agnes M. Paterson, L.D.S. A. E. Frankenstein, D.D.D., D.M.D.
Part-time School Dental Officers...	E. Blakeney, L.D.S. S. E. Turner, L.D.S.
Part-time Dental Anæsthetist ...	R. Bradbury, L.D.S. R. Bellingham, M.B., Ch.B., D.A.
Part-time Consultant Anæsthetist	Margaret O'Grady, M.B., Ch.B., D.A.
Part-time Consultant Orthodontist	W. B. Senior, D.D.O., R.F.P.S., L.D.S., R.C.S. (Eng.).
Oral Hygienist	Clarice Worsley.
Superintendent of Health Visitors and Nursing Staff.	Beatrice M. Langton, M.B.E., D.N. (London), S.R.N., S.C.M., H.V.Cert.
Senior Physiotherapist	Patricia K. Fogg, M.C.S.P.
Speech Therapist...	Greta M. Gordon, L.C.S.T. Jean Cohen, L.C.S.T. (*Resigned August*, 1961)
Part-time Consultant Chiropodist...	Franklin Charlesworth, Ed.D., D.S.C. (Ohio), F.Ch.S.
Part-time Assistant Chiropodists ...	C. Newman, M.Ch.S. Margaret E. Charlesworth, M.Ch.S.
Audiometrician	K. S. Brown.

* By arrangement with the Manchester Regional Hospital Board.

Chief Clerk	F. E. Birtwistle, M.R.I.P.H.H.

CONTENTS

PAGE

INTRODUCTION ... 5

MEDICAL INSPECTIONS ... 8

THE HANDICAPPED PUPIL ... 12

CONSULTANT PÆDIATRIC CLINIC ... 16

SCHOOL HEALTH VISITING ... 16

NURSERY CLASSES ... 19

SPECIAL SERVICES FOR TREATMENT OF DEFECTS OF :

- Teeth ... 20
- Speech ... 22
- Eyes ... 24
- Feet ... 25

CONSULTANT ORTHOPÆDIC CLINIC ... 35

PHYSIOTHERAPY ... 36

AUDIOMETRY ... 38

CONVALESCENCE ... 41

CHILD GUIDANCE CLINIC ... 42

HANDICAPPED CHILDREN :

- Greengate Day Special Nursery School ... 44
- Claremont Open-Air School ... 44
- Barr Hill Open-Air School ... 46
- Hope Hospital School ... 47
- Spastic Class ... 48
- Home Teaching ... 48
- Special Class for Partially Deaf Children ... 49
- Broomedge Day Special School ... 49
- Fernhill Day Special School ... 51

SCHOOL MEALS SERVICE ... 53

PHYSICAL EDUCATION ... 54

SCHOOL WELFARE ... 57

SCHOOL CLINICS ... 59

HEIGHTS AND WEIGHTS ... 59

STATISTICAL TABLES ... 60

SCHOOL HEALTH SERVICE ANNUAL REPORT

TO THE CHAIRMAN AND MEMBERS OF THE SPECIAL SERVICES SUB-COMMITTEE.

Mr. Chairman, Ladies and Gentlemen,

Some remarkable changes have occurred in recent years which greatly affect the health of the school child.

Physical diseases such as infections are receding in importance. Both mortality and morbidity rates in the child of school age are very low. Nine Salford children died from "violence"—due principally to the toll of the road. The second most frequent cause of death was cancer in various forms. Nearly all deaths such as these are due to factors which are beyond the immediate control of the school health service.

In physical growth there is an earlier maturity ; for instance, the onset of menstruation is occurring earlier as time goes on—over the last ten years the onset is on the average, some four months earlier than before. In the case of Salford girls menstruation appears to start between the age of ten and twelve. Fifty years ago, from such records as exist, the average was well into the 'teens.

New hazards to health loom largely before us. Is every child protected from polio and tuberculosis, whooping cough, diphtheria, tetanus, and small-pox ? From further attacks of rheumatic fever by penicillin ?

Is the child safe from the hazard of lung cancer in 20, 30 or 40 years hence ?

The most attractive and persuasive methods of health education against *smoking* must be used, not a repetition of dreary don'ts, but the joy and beauty of full health should be emphasised. The facts must be given to the children and their parents.

Is the child well fed ? Not merely in quantity but in quality ? There is certainly a great need for first-class protein—milk, milk products, meat, eggs, fish, liver ; and fruit and vegetables with the vitamin and mineral content. There is need for increased calories in the later years of school life, though the obese child is an important problem to which increasing attention must be paid. Childhood dietetic habits tend to pass over into adult life !

Are the important senses of vision and hearing preserved ? Are we detecting *squint* early enough and *hearing defects* which may pass so easily unnoticed in early childhood but which later on only influence their entire life ?

Are we treating comprehensively and decisively the condition of *discharging ears*—that curse of children in south-east Lancashire conurbation.

Can we not preserve the *teeth* from unnecessary decay caused by carbo-hydrates ?

Can we not also wipe out that disgrace of modern times—*verminous infestation of the hair ?*

But there are more important factors in health. Here are some of our needs :—

There is a continuing need for closer co-operation of public health staff with the head teacher and the class teacher ; the latter may give invaluable information on the children's habits concerning playing, eating and general behaviour.

Screening examinations every six months in which a survey takes place, with the identification of those children requiring a full examination, and if necessary, *specialist consultation. Behaviour* and *personality disorders* are of the greatest importance as shown by deviations from the normal—energy, appetite, relationship with other children, truancy, delinquency. The important groups are those with *physical*, *mental* or *social* and *psychological handicaps.*

For all of us, health education should present an attractive positive view with the rules of healthy living—good nutrition, the hazards to avoid, for example, smoking, which may lead to lung cancer.

New problems are arising (e.g., the building of more gymnasia and *the provision* of more swimming facilities are required. The spread of ring-worm and athletes foot, is a real nuisance). Half a million children are still being taught in slum schools. Children spend less than one-eighth of their lives under the influence of the school environment. Less than 1,000 hours out of a total of 8,760 hours in a year.

Recent investigations confirm the immense merits of happy family life—the functioning home, compared with the broken one caused, if one may be pardoned the alliteration, by debt, delinquency, deprivation of affection in early childhood, by death, disease, disharmony, desertion, divorce or separation which may result in *psychological maladjustment* absorbing emotional energy which could be used successfully in school.

Here are some harmful factors affecting the health of school children :—

Disharmony between school and home.

Truancy—there is a vicious circle, truancy breeds delinquency, and delinquency breeds truancy.

Frequent changes of home, schools and friends due to removals and other causes.

The keeping of late hours.

Physical ailments—undiagnosed deafness, poor vision, malnutrition, etc.

Bad physical home conditions—dilapidation, dirt, disorder, degradation—ill-health in one or both parents resulting in neglect or repression of the child.

During the years 1933–1937 six children were ascertained to be educationally sub-normal, after which important investigations took place mainly in Salford. To cut a long story short it showed that stability in *society* depends on stability in the *family.* In particular, the *educationally subnormal* child with a favourable family background does well, with rare exceptions, in adjustment to work and life. Where the circumstances are unfavourable, e.g., broken homes, children who have been in care, illegitimate children, absence of one or both parents, the child's social behaviour tends to deteriorate and he does not hold a job so well and comes more often in conflict with the law.

All the efforts of the educational school health and public health staff are directed to one aim, the ultimate benefit of the child.

Free meals and clothing can be obtained for children in poor circumstances.

Physical defects, such as *deafness and poor vision*, can be investigated and helped.

Lack of *security in the home* can often in some degree be compensated by *security in the school.*

If the atmosphere of a happy home can be combined with freedom of enterprise and adventure, then much can be done to counteract *timidity* and repression. Every opportunity should be seized to help the child by helping the parents. Love, security, a favourable environment, appropriate employment, opportunity for recreation, a life which has meaning and purpose—all of these appear to be necessary for good health. For the child, " *love* " means the knowledge that he " *matters* " to someone ; there is someone who *knows* him, *cares* for him, someone who *understands* something of his needs.

Environment means the surroundings or circumstances. This includes the home, the family and social factors, such as the neighbours and their helpfulness ; as also psycho-social factors which influence health greatly. Nevertheless, neighbourhood amenities are important, particularly in new town and housing estates. Environment covers something more than the physical environment, although this is, of course, important, for it includes the *purity* of the *air* we breathe, the *food* we eat, and the *house* we live in ; it means good sanitation ; it means *safety* to the child.

It is our duty to ensure, as far as possible, that every child is provided with its *essential needs*, proper care, psychological and physical, and safeguard from the avoidable hazards to health which I have mentioned, and is given the opportunity to develop independence and initiative.

It is a pleasure to place on record my appreciation of the work of all persons in any way associated with the School Health Service, especially the medical, nursing and administrative staff. To Mr. F. A. J. Rivett, Director of Education, who has—along with the teachers and all other staff of the Education Committee—co-operated so ably and ungrudgingly. To you Mr. Chairman, Ladies and Gentlemen, my grateful thanks for your support.

J. L. Burn

Principal School Medical Officer.

MEDICAL INSPECTIONS

During the year, 2,911 children were medically examined in school. Most of the children examined were school entrants. Approximately 500 of the children examined were school leavers, but no examinations were carried out on children in the intermediate age groups.

The number of children examined was less than in previous years, partly owing to a shortage of medical staff, and partly owing to the polio vaccination scheme and the diphtheria immunisation scheme, both of which were carried out in schools during the summer term.

The number of children found to have otitis media and enlarged tonsils and adenoids continues to be high ; 4·2% of the children examined were considered to be of unsatisfactory physical condition.

Nowadays there is an increasing tendency to carry out a selective medical inspection of children in the intermediate age groups and children about to leave school, rather than inspecting all children in certain age groups. Under the selective scheme the only children examined are those referred by head teachers, health visitors and school nurses, and also those for whom a medical examination is indicated because of information contained in a questionnaire completed by the parents. The school medical officer is not able to examine as many children per session as under the old system of routine medical inspections, but the efficiency of the service is increased, as it is possible with the same complement of medical staff to devote more time to those children who are really in need of attention.

School Clinics.

Nearly 11,000 children actually attended the 878 school clinics which were held during the year.

At school clinics medical officers examine children who have previously been medically examined and require a further examination. Children referred by head teachers, health visitors, nurses and school welfare officers are also examined at school clinics. More and more time is spent at school clinics nowadays not in discovering defects but in advising children and parents how to prevent illness and how to keep fit and well.

Examination of Teachers.

During the year, 82 candidates for employment as teachers were medically examined and 81 of them were found to be free from physical defects or to possess defects which were not likely to interfere with efficiency in teaching.

Also 46 candidates for entry to training colleges were medically examined, and 45 of them were free from physical defects or possessed defects which were not likely to interfere with efficiency in teaching.

Employment of Children.

Under the bye-laws regulating the employment of children in accordance with the Children and Young Persons Act, 1933, Section 18 and the Education

Act, 1944, Section 59, 509 permits were issued for the employment of schoolchildren in the following occupations : Delivery of newspapers (485) ; groceries (17) ; meat (6) ; ironmongery (1). Also four permits were issued for children to appear on the stage under Section 22 of the Children and Young Persons Act.

Permits are only issued if, in the opinion of the examining medical officer, employment will not be prejudicial to the child's health or physical development, and will not render the child unfit to obtain the proper benefit from the education provided. The employment of children attending grammar schools and high schools may perhaps prevent such children from doing their homework properly, and in these cases the doctor must discuss the child's school work with the head teacher before deciding whether the child should be allowed a permit.

Also 444 children were re-examined and found fit to continue employment.

Infectious Diseases.

The number of cases of infectious disease occurring among Salford schoolchildren is as follows :—

	Males.	*Females.*
Scarlet Fever	17	17
Whooping Cough	8	11
Measles	213	223
Dysentery	4	2
Pneumonia	4	4
Tuberculosis	7	1
Acute Rheumatism	3	7

Deaths among Salford Schoolchildren.

During the year, 16 deaths (11 boys and 5 girls) occurred between the ages of 5 and 14.

Again the commonest cause of death was accident, as is usual at this age. Four children died as a result of road accidents and two died from home accidents, one child died owing to a fall from a height and one boy was drowned. Altogether there were 9 deaths attributable to accidents.

Other causes of death were barbiturate poisoning, rheumatic heart disease, cerebral hæmorrhage, congenital abnormality, leukæmia and tumours.

Educationally Subnormal Children.

Number of children examined.	*New Cases*	*Old Cases*	*Total*
Boys	140	5	145
Girls	69	5	74
Totals	209	10	219

Classification.

1.	Education in an ordinary school	70
2.	Education in a day special school	90
3.	Education in a boarding special school	8
4.	Notified under Section 57	1
5.	Education in a day open air school	2
6.	To be re-examined within twelve months	48
	Total	219

Number of appointments made for examination of educationally subnormal children *was* 264, *of which* 83% *attended.*

I.Q. ascertainments by School Medical Officers	109
,, ,, ,, ,, Educational Psychologist	110
Total	219

Number of examinations requested by :

(*a*)	School Medical Officers	125
(*b*)	Head Teachers	53
(*c*)	Director of Education	40
(*d*)	Educational Psychologist	1
	Total	219

The accommodation available at Fernhill School for educationally subnormal children is insufficient to meet the demand, and consequently the limited number of places available must be reserved for those children who are most in need of this kind of education. As a guiding principle it is felt that a child with an I.Q. below 75 should be in a special school, whereas a child with an I.Q. of 75–85 can be educated in a special class of an ordinary school.

About half the I.Q. ascertainments were carried out by specially qualified medical officers, and half by the educational psychologist.

School medical officers continue to be the major source of referral of children thought to be educationally subnormal or educationally retarded.

EDUCATIONALLY SUBNORMAL PUPILS

The number of places available in Salford for Educationally Subnormal (E.S.N.) Pupils increased substantially in April when Fernhill School opened. This provides an additional 160 places for boys and girls of both primary and secondary school age. These are the first places available in the city for E.S.N. pupils over the age of 11. The school was designed to accommodate 80 children under 11 years of age and 80 older pupils, but it has been found that the demand for places for the older children is such that there are now about 100 seniors and 60 juniors. This has led to difficulties and it is hoped that the intended division into equal numbers of juniors and seniors will be reached in the near future.

Fernhill School admits children from almost every part of the city and two special buses are used to convey those pupils who live at a distance from the school. Unfortunately, no bus as yet is available to convey pupils to Broomedge School which must therefore, in the main, draw its pupils from the surrounding area. Because of the nature of their handicap many of the younger children cannot be expected to travel any distance to school on their own (all those at Broomedge are under 11). This has meant that vacancies occur at Broomedge which cannot be filled. If a bus was available, children from a wider area of the city could go to this school.

In addition to the two Special Schools, there are also the four Special Classes in ordinary Primary Schools which cater chiefly for children who are perhaps only slightly below average in intelligence but have for one reason or another fallen behind in their school work.

The increased facilities now available for E.S.N. children in Salford has meant that close attention must be paid to ensure that each child is placed in the school or class from which he or she will secure the greatest benefit. As before, each child who is thought to need special education is seen by a School Medical Officer who makes a recommendation—in many cases the child is also seen by the Educational Psychologist. Before the final placing is made, however, the child's particular problems and difficulties are discussed by those who are most closely concerned with the provision of special education for E.S.N. pupils.

This conference of officers held its first meeting in September, and it is planned to hold two meetings each term. Those who attend are an Inspector of Schools, the Head Teachers of Broomedge and Fernhill, the Educational Psychologist and the two doctors most closely concerned with the ascertainment of these pupils. In addition to discussing particular children the meetings have considered more general questions—the number of places required at each age : the type of child who benefits most from attendance at special schools : the age at which children should leave the special schools. A number of suggestions on these matters have been made to the Director of Education and the Principal School Medical Officer.

There is no doubt that these meetings have done a lot to secure a general agreement, among those most closely concerned, about the lines upon which we must proceed if we are to help these children who find it impossible to learn in ordinary schools. Perhaps the most important point is the need for early ascertainment. For this we have to depend largely on the teachers in ordinary schools. If a child has not made much progress in reading or arithmetic by the age of 7 (the last year in the Infant Classes), then some attempts should be made to find out the reason. In many cases a condition may be present (poor vision or hearing, for example), which can be remedied and enable the child to make normal progress. In other cases special methods and speeds of teaching are required which can only be given at a special school. Experience has shown that the greatest benefit to the child is secured if this special teaching is started by the age of 8 years.

THE HANDICAPPED PUPIL

The following table shows the number of children on the register of handicapped pupils requiring special educational treatment during the last two years :—

	1960	1961
Blind	4	5
Partially sighted	13	13
Deaf	17	17
Partially deaf	23	26
Educationally subnormal	546	504
Epileptics	2	1
Maladjusted	9	6
Physically handicapped	33	42
Pupils suffering from a speech defect	Nil	Nil
Delicate	325	280

The Special Register.

A Special Register is kept of children who are suffering from certain disabilities, but who are able to attend ordinary schools, as the disabilities are not so severe that special educational treatment is needed.

The following table shows the number of children on the special register during the last two years :—

	1960	1961
Asthma	73	75
Partially sighted	21	20
Heart	52	49
Deaf	1	3
Partially deaf	50	56
Delicate	499	449
Physically handicapped	138	126
Epileptic	72	67
Multiple defects	22	25
Rheumatism	77	74
Maladjusted	1	Nil
Diabetes	7	7
Speech defect	13	15

The Special Register is a useful record showing the general pattern of disabilities found in our schoolchildren. Children on the special register are examined at regular intervals either at school or at clinics by school medical officers.

Open-Air Schools.

During the year, 144 children were examined at special clinics as it was thought that they might benefit by attendance at an open-air school. Of these 144 children 17 were assessed as " physically handicapped " children needing special educational treatment and 56 were assessed as " delicate " children needing open-air school treatment.

Of the 56 " delicate " children 35 were suffering from lung conditions or recurrent upper respiratory tract infections.

During the latter part of the year there was no waiting list for our open-air schools. In fact it was difficult to fill all the vacancies. This may have been partly due to the reduced number of medical inspections carried out in schools, because of a shortage of medical staff. It may also have been partly due to the fact that the general health of children is better than it used to be, and there are now fewer children who need to attend an open-air school.

Diphtheria Immunisation.

During the summer term 12,559 schoolchildren received diphtheria injections in school.

Polio Vaccination.

Over 20,000 polio injections were given to schoolchildren during the year.

B.C.G. Vaccination.

B.C.G. Vaccination was offered to 2,167 children aged 13, but only 1,212 of them (56%) brought back consent letters signed by their parents.

Mantoux tests were only carried out on 1,017 children, as 195 children were absent when the doctor visited the school. Of the 1,017 who received Mantoux Test, 907 (89%) were Mantoux negative and were vaccinated.

SURVEY OF SKIN DISEASES

The Ministry of Education has repeatedly shown the great variation in the numbers of children in different areas who, at Periodic Medical Examinations, are regarded as requiring treatment or observation on account of skin disease. The Principal Medical Officer asked a number of Local Education Authorities if they would co-operate in an effort to discover what kinds of skin trouble were present in children, how long they had been present, and to what extent they were under treatment at the time of the examination. Authorities with both a low and a high level of children requiring treatment or observation were chosen, and Salford, which has a comparatively high level, agreed to co-operate.

The results are not yet available for other areas but, as far as Salford was concerned, the most noteworthy finding was the wide variety of conditions revealed—no fewer than 33 different diagnoses were recorded in a total of 136 skin conditions. Most of the conditions were not of a serious nature and many of them were already receiving appropriate treatment.

ACUTE RHEUMATISM IN SALFORD SCHOOLCHILDREN

Notification to the Local Health Authority of cases of Acute Rheumatism has been compulsory in the City of Salford since 1950.

In the regulations (Acute Rheumatism (amendment) Regulations, 1958), Acute Rheumatism is defined as one or more of the following conditions occurring singly or together in a child of under sixteen years of age.

(1) Rheumatic pains or arthritis accompanied by a rise in temperature.
(2) Rheumatic chorea.
(3) Rheumatic carditis.
(4) Valvular disease of the heart of rheumatic origin.

The rheumatic aches and pains which give so many adults cause to complain most bitterly do not constitute the same danger to health and social well-being as does Acute Rheumatism in the early years of life. The importance of Acute Rheumatism lies in the danger of causing permanent damage to the heart.

It has been noted in the past that a single attack of Acute Rheumatism rarely causes permanent cardiac damage, but if the disease recurs, the danger of cardiac damage greatly increases. With each subsequent attack of rheumatic fever, the damage to the heart becomes greater, and if the disease progresses, the sufferer may die of heart failure.

Happily, Acute Rheumatism, or rheumatic fever as it is frequently called, is not a very common disease, though, unfortunately, here in Salford we see a higher proportion of cases than in other areas of the country. In 1960, nineteen cases of Acute Rheumatism were notified to the Local Health Authority : this gives a notification rate of 5·0 cases per 10,000 children (0–14 years), which does not compare very favourably with the average notification rate of 1·3 cases per 10,000 children (0–14 years) in the twelve areas of the country in which Acute Rheumatism is a notifiable disease.

In 1961, ten cases were notified to the Salford Health Authority giving a notification rate of 2·7 per 10,000 children (0–14 years). A register of notified cases is maintained in the offices of the Health Department and the name remains on this register until the child reaches the age of sixteen years. Unfortunately, I have to report that during 1961 one child died of congestive cardiac failure following rheumatic carditis of eight years' duration, and her name has been removed from the register.

Doctors in the Public Health Service are not directly concerned with the treatment of children suffering from Acute Rheumatism. Our main work lies in the prevention of further attacks in order to prevent children from becoming cardiac invalids. To this end we arrange, with the co-operation of the family doctor, for each child who has been notified as suffering from Acute Rheumatism to see a consultant pædiatrician. In practice, we find that most of the children are already in the care of a pædiatrician, and the general practitioners readily agree to our arranging for a specialist's opinion on those children who have not been examined by a consultant.

It has been recommended by the members of the Rheumatic Fever Committee of the Royal College of Physicians (London) that in order to prevent recurrances of Acute Rheumatism children should have daily prophylactic treatment for at least five years, or until school-leaving age, which ever is the longer period. The drug most usually prescribed is penicillin, in tablet form. From the child's point of view, medicine or tablets taken every day for what seems like a lifetime, becomes a dreary business, and if the parents of the child do not fully appreciate the importance of regular prophylaxis, there is a danger that the treatment may be discontinued. In order to encourage the child to keep up with the treatment and to help the parents to understand its importance, we arrange for each child to be seen at regular intervals by one of the school doctors.

A survey has recently been carried out to determine how many of the children who have been notified to us as having suffered one or more attacks of rheumatic fever, are in fact having regular prophylactic treatment.

At the present time there are 79 children on the Acute Rheumatism register and 65 of these children have been included in the survey. Of these 65 children, 7 cases were considered " doubtful " (or have not been confirmed by a consultant), and 6 children have now left school but are not yet 16 years of age, leaving a total of 52 who might be expected to be taking daily drugs. It was discovered that, of these 52 children, 33 are having daily treatment, i.e., 63·4% : 10 children are not having any prophylactic drugs at all, presumably because they were never prescribed for them, and 9 children have discontinued prophylactic treatment.

When enquiries were made to ascertain why treatment had been discontinued, it was found that in 4 cases, the family doctor, or the specialist supervising the child had recommended it, but in 5 cases, the treatment had been discontinued at the whim of the child or because of the careless attitude of the parents. In all 5 cases, the mother and child were advised most strongly to contact their family doctor, and to obtain supplies of the appropriate drug at the earliest opportunity. At the same time the School Medical Officer was able to discuss with the mother the reasons for prolonged treatment.

As our main concern is the prevention of permanent cardiac damage, the survey also included an examination of each child's heart. This showed that of the 52 children still attending school and included in the survey only 5 children have suffered permanent cardiac damage, and each of these children has suffered at least two attacks of Acute Rheumatism. There are equivocal signs of cardiac damage in the case of one child who has suffered only one attack of rheumatic fever. In his case, it is essential that he should take his prophylactic drugs regularly, and every effort will be made to encourage him to do so.

During the survey, a note was made of the school which each child is attending as it was thought that this would reflect the degree of disability each child was experiencing. Out of a total of 58 confirmed cases it was found that 6 children have already left school, and all are working. One of these children (a girl) is fairly severely handicapped and attended an open-air school until school-leaving age, but she has a job in a local store and has apparently settled down very well. Of the remaining 52 children, 44 attend ordinary day schools, 5 attend a day open-air school, 1 attends a day special E.S.N. school, 1 child attends an occupation centre, and one child is below school age.

It is interesting to note that of the 5 children who attend an open-air school and who are classified as delicate, only one child is included in the group of 6 who are known to have suffered some degree of permanent cardiac damage. It appears, therefore, that when children are selected for special educational treatment at open-air schools, factors other than the condition of the heart must be considered.

Another interesting fact to emerge from the survey is that 5 of the children known to be suffering from cardiac damage, are not so severely handicapped that they require special educational facilities and in the future can look forward to normal adult life.

This must, I think, be received with a certain degree of satisfaction, but we must never be completely satisfied until we can report that NO child in Salford has the misfortune to suffer permanent cardiac damage, as a result of Rheumatic Fever.

CONSULTANT PÆDIATRIC CLINIC

(Dr. R. I. Mackay)

Weekly sessions of the Pædiatric Consultant Clinic have been held during the year, this clinic being compounded of a variety of services functioning in the same session.

Review of prematurely born infants with detailed clinical examination and hæmoglobin tests commence the session, and later in the afternoon children referred by maternity and child welfare medical officers and from school clinics are sent for consultation. There is a wide variety of problems seen at this clinic, but probably fewer behaviour disturbances have been referred in recent months since there has been a development of the psychiatric services available in other directions.

A session once per month is devoted to the mentally subnormal child and consultation and counselling is available to parents of children selected and referred by the Assistant Medical Officer and Social Workers in the Mental Health Department. At this session the Medical Officer and Social Worker are usually present so that advice can be afforded to the parents on matters affecting health, management and education of their children.

This session has been particularly successful and is appreciated by the parents.

SCHOOL HEALTH VISITING

The function of the school health visiting service, which was fully set out in last year's report, continued on the same lines in 1961, with one additional development, described below.

During the Christmas Term, instead of the periodic medical inspection of children in the twelve years to school-leaving group, health visitors conducted a full examination of the children concerned—884 in number—and referred appropriate cases for medical and other examinations. Details are set out as follows :—

Age Groups Inspected (by year of birth)	Number of Pupils Inspected	Physical Condition of Pupils Inspected			
		Satisfactory		Unsatisfactory	
		Number	% of Col. 2	Number	% of Col. 2
(1)	(2)	(3)	(4)	(5)	(6)
1949	149	148	99·33	1	0·67
1948	521	511	98·1	10	1·9
1947	214	204	95·3	10	4·67
Total	884	863	97·6	21	2·37

PUPILS FOUND BY HEALTH VISITORS TO REQUIRE MEDICAL OR OTHER EXAMINATION (excluding Dental Diseases and Verminous Infestation)

Age Groups Inspected (by year of birth) (1)	For Defective Vision (excluding squint) (2)	For any of the other conditions recorded in Part II (3)	Total Individual Pupils (4)
1949	9	7	16
1948	20	33	51
1947	16	15	30
TOTALS	45	55	97

DEFECTS FOUND BY HEALTH VISITORS

Defect Code No.	Defect or Disease	Children Needing Treatment	Children Needing Observation
4	Skin	10	49
5	Eyes—		
	(*a*) Vision	44	113
	(*b*) Squint	1	20
	(*c*) Other	2	9
	Ears—		
	(*a*) Hearing	3	19
	(*b*) Otitis Media { R.	3	18
	(*b*) Otitis Media { L.	1	15
	(*c*) Other	8	8
7	Nose or Throat	8	61
8	Speech	...	7
9	Cervical Glands	1	28
10	Heart and Circulation	...	2
11	Lungs	...	4
12	Development—		
	(*a*) Hernia	...	2
	(*b*) Other	1	7
13	Orthopædic—		
	(*a*) Posture	...	14
	(*b*) Flat Foot	4	26
	(*c*) Other	13	43
14	Nervous System—		
	(*a*) Epilepsy	...	1
	(*b*) Other	...	3
15	Psychological—		
	(*a*) Development	...	7
	(*b*) Stability	...	9
16	Abdomen	...	1
17	Other Defects	1	...
	TOTALS	100	466

General School Health Visiting.

State Registered Nurses and Nursing Auxiliaries continued to assist Health Visitors in those aspects of work which did not require the more skilled service of the Health Visitor.

Health surveys, hygiene and other inspections, weighing, measuring, vision and other tests were carried out as in former years.

Individual children examined at annual health surveys totalled 21,525. Of these, 504 children were recommended for medical examination. Children referred to health visitors by teachers totalled 68.

Visual acuity tests were carried out in the 8–10–12–14–year and school-leaver groups. Children unable to read were tested by the "E" method. Some 1,612 children were referred by Health Visitors to the Ophthalmic Clinic, 870 of which were new cases.

Clinics.

Minor Ailments and other clinics were staffed by the Section, and appropriate assistance given to School Medical Officers and Chiropodists.

Nursery Schools.

More frequent supervision was given to children attending nursery schools and classes.

Open-Air Schools were visited daily by a Clinic Nurse, who carried out all necessary treatment and tests. Liaison was maintained between nurses attending these and other schools and the Special Health Visitor for children neglected in their own homes.

School Journeys—Holiday Camp.

All children were examined by nursing and auxiliary staffs prior to making school journeys or going to Prestatyn Holiday Camp.

Verminous Infestation.

Regular head inspections were carried out and infested children re-examined at appropriate intervals. The use of Gammexane shampoo was continued. The percentage of infested children rose, unfortunately, to 4·77% (3·88% in 1960 and 5·5% in 1959). Children disinfested by auxiliaries numbered 23, a reduction on last year's figure (29) (41 in 1959).

Teaching.

Individual talks on health and hygiene were given as a matter of routine when opportunity arose.

Nursing as a career was the subject of a talk given by a Health Visitor in one of the large schools.

Expansion of class teaching of mothercraft, Home Nursing and First Aid in secondary schools has been a feature of this year's work.

Many of the schools commenced out-of-school activity groups to prepare senior boys and girls for the Duke of Edinburgh Awards ; health visitors giving the practical instruction in mothercraft and first-aid, etc., required for these groups.

In other schools the health visitors' teaching is incorporated into the weekly lesson programme. Some pupils are taught very little human biology at present and therefore lessons given by health visiting staff start with simple anatomy and physiology, relating accidents and their treatment to the various parts of the body. Following this, the pupils are more able to appreciate points which follow in home nursing and mothercraft, noting the relationship between, for example, cuts and infection, and between the degree of cleanliness of infant feeding utensils and gastro-enteritis.

The examination results have been encouraging, and health visitors are very appreciative of the help and co-operation of the schools and of the British Red Cross Society, who conduct the examinations and supply certificates to successful candidates.

Classes were held in five secondary schools. The results were as follows :—

			Passed
1.	First Aid :	Part I	75
		Part II	43
2.	Mothercraft :	Part I	44

We are grateful to the Head Teachers in all the schools concerned for their help and co-operation in this work.

NURSERY CLASSES AND NURSERY SCHOOLS

Nursery Classes.

During 1961 the Medical Inspection of children under the age of five attending school has been extended to include all the schools which have such an age group. This has meant an increase of five schools, making the total twelve instead of seven.

This change began in November and it was decided that when a school was receiving the Periodic Medical Inspection of all entrants (the under fives being included) it would not be visited that term.

All the original seven Nursery Classes were visited twice, and three were seen three times. Only one of the new Nursery Classes was examined ; making a total of 302 different children, only one was unsatisfactory.

Of the defects, there is a similar pattern to previous years, teeth, tonsils, adenoids, cervical glands accounting for the majority, but there appeared to be a smaller number of decayed teeth in any one child.

Nursery Schools.

The medical examination of these children began in November, and five of the six schools were visited, a total of 71 different children being seen. All satisfactory—a similar pattern of defects was found.

The following is a list of main defects :—

	Nursery Classes	*Nursery Schools*
Teeth	34%	32%
Tonsils and Adenoids	19·6%	22·5%
Cervical Glands	16%	24%
Enuresis	3·3%	19%

It is not really possible to make a fair comparison in such a short period, but one defect is higher in Nursery Schools—enuresis—this, I am sure, is because they include a younger age group.

Once again, thanks are due to the Teachers and Wardens for their kind co-operation.

SCHOOL DENTAL SERVICE

There has been no great change in the staffing position during the year. The year's statistics, however, are the first to show the full effect of the loss of the services of Mr. Hargreaves in the middle of last year, showing a reduced number of sessions worked and a slight decline in the treatment carried out.

Twelve thousand and thirty children were inspected at Routine Inspections in school during the year.

All age groups are inspected and the schools are taken in rota within the area in which the schools are situated, and the proximity to the respective clinic at which the treatment is to be carried out. No effort is made to maintain a high frequency of examination of any age group or school at the expense of others, and on this basis the rate of inspection is approximately every eighteen months, varying slightly with the area and clinics concerned.

A system of six-monthly referrals where it is considered advisable is operated by each of the clinics.

These examinations are carried out simply to determine which children are in need of treatment and the type of treatment to be carried out, thereby facilitating their referral. No effort is made to make any assessment of relative dental fitness. All children found to be in need of treatment, with the exception of those who are obviously already having treatment privately, are offered treatment at the respective clinics.

The number of children inspected and treated as "specials" is again at the relatively high figure of the past few years. These children, who are seen for any reason other than as a result of a school inspection, are mostly in need of urgent treatment. Consequently, a high proportion of these children are actually treated, and this factor should be borne in mind when considering the statistical tables concerning numbers of children found to require treatment, offered treatment and actually treated. The continued heavy demand of these children for general anæsthetics has resulted in small pockets of waiting lists from time to time, particularly at holiday times, when it is not possible to operate the same number of anæsthetic sessions.

There has been a slight reduction in the number of fillings carried out during the year and an increase in the number of " other operations," mainly reflecting the greater number of teeth treated by silver nitrate for conservative reasons. A considerable number of acrylic jacket crowns have been inserted, such treatment being usually carried out for older children to complete the conservation of broken incisors.

Ninety-six children were supplied with dentures during the year. In only a few cases was this treatment carried out as a direct result of caries, but rather in consequence of accidents in which teeth were broken, and where treatment was not commenced sufficiently soon for the preservation of the pulp and later crowning. It is the usual practice that such dentures are fitted immediately upon extraction of the broken tooth.

One thousand and forty-seven children who made 2,051 attendances were seen by the Oral Hygienist on being referred to her by the Dental Officers or at the request of the Medical Officers. As in previous years special attention in this respect has been given to the pupils attending the open-air schools, etc. The children's teeth were scaled and cleaned, and they were given individual instruction in the need for, and the correct technique of, oral hygiene. Every effort is made to obtain the co-operation of the parents in this matter, but it is to be regretted that we are still far from the happy position where every child possesses an efficient toothbrush. Children who have had their treatment are normally re-invited after a six-month period, when their hygiene is noted and any further necessary treatment carried out. Daily gum treatments were necessary in some cases for a short period and a few cases of Vincent's infection were treated during the year.

Whenever possible the Hygienist has accompanied the Dental Officers on routine inspections in order to interest the children in their hygiene by means of talks, posters, pamphlets and models, etc. For most of the year the part-time services of Miss Norman for one day per week were available and were utilised entirely in talks in schools on dental hygiene. Particular attention was given to those schools which were the object of the survey carried out at the end of 1959 by Mr. Hargreaves. These talks were later extended to cover most of the remaining schools, and some sessions were spent at the Maternity and Child Welfare Clinics. The co-operation of the teaching staffs so necessary in this work was readily given.

The number of children receiving orthodontic treatment remained approximately the same and new cases were commenced when patients were discharged as being completed or when irregularities had been corrected, but the patients were being kept under review. This in effect means a delay of about six months between the time when the patient is referred for this treatment and the first appointment with the specialist. When patients are referred from routine school inspections this time lapse is of no great consequence, since the irregularities are seen in good time and usually at an age when active treatment would in any case be deferred for some time. Difficulties are, however, experienced when demands for orthodontic treatment are received from other sources, since such requests are normally made when treatment is urgent and when further postponement would render the chances of a successful result much less probable. The policy of treating simple irregularities at an early age and so reducing the period of clinical treatment has been continued, and the simplest forms of treatment necessary to produce results are adopted, including, wherever possible, appliances which are only worn at night. In many cases, particularly those of overcrowding, it has been possible to obtain a satisfactory result simply by means of extractions without the necessity for wearing an appliance. Such cases are not included in the statistics for orthodontic treatment. There has been a significant drop in the number of cases discontinued during the year for non-attendance, lack of co-operation, etc.

SPEECH THERAPY

The year opened with only two speech therapists working for the School Health Service, instead of the previous complement of three. This reduction has meant that two clinical centres (Langworthy and Clarendon) have been in abeyance throughout the past twelve months and, since the end of the summer, a further two centres (Summerville and Marlborough) have seen temporary closure, owing to the resignation of Miss Cohen, who left to take up a similar appointment in Glasgow ; thus reducing the number of speech therapists to one. Since when, there have been no replacements. In addition to her usual centres, Miss Cohen had also held once-weekly sessions at Broomedge School and Parkfield Unit, and these places are anxiously awaiting a new therapist. The centres still functioning have their own waiting lists ; and Claremont Open-Air School continues to receive once-weekly visits. Home and school visits, to investigate and advise, have been carried out, when time permitted, in those areas where the clinical centres are in abeyance. Meanwhile, with each day that passes, and as waiting lists continue to mount, the need for speech therapy replacements becomes ever more urgent.

During the year, three first-year students from the recently formed Manchester Speech Therapy Training School attended throughout the day, once a week, at the various speech therapy centres in Salford, in order to observe and take part in the practical work.

Reading Difficulties.

The great majority of children with speech defects show marked backwardness in reading ; many being unable to read at all, and having no idea of the basic (phonetic) sounds pertaining to the printed letter symbols, nor of their significance in reading ; although they may be able to recite the alphabet, as such, all through. At the same time, these children frequently show aptitude for figures, and enjoy doing sums. Perhaps incentive plays a part here : figures are associated with money, and money with shops.

While the normal child can benefit from the whole-word (" Look and Say ") method of instruction, where such is used, the type of children considered here, when faced with a complete work and accompanying key picture, fail to grasp that this is composed of individual letter sounds, and do not appreciate the connection between the particular sound they hear and the printed character. It seems, too, that these children have poor auditory and visual memories, so that they are slow to memorize and recognize again the general appearance and sound of a word which they have met with previously. Such children, it appears, require special help in the learning of individual letter sounds and in associating each with the printed symbol. Consequently, during reading practice at the speech clinic, the therapist lays great emphasis on the breaking-up of a word (not necessarily every word) into its component parts, before uttering the whole, in order that the child may come to realise and remember the connection between the particular sound he hears and its printed symbol ; the therapist, meanwhile, using a pointer to indicate the various parts of a word.

In some cases this method is sufficient by itself to get the wheels turning, a striking example was seen in a boy of nine, a non-reader, with faulty sibilant sounds and a stammer, who also showed a fairly severe degree of high-tone deafness in both ears, commencing with a first reader, he progressed rapidly, and after a few weeks was reading books suitable to his age, and then the newspaper. It is very probable that his deafness was the obstacle which came between him and his comprehension for reading, in the first place, with the stammer and lisp as secondary emotional disturbances consequent upon this. These, later cleared up. While attending the speech clinic the boy underwent operation for removal of tonsils and adenoids but his reading had gone ahead even before this was done due, no doubt, to the proximity of the therapist during speech and reading practice, thus minimising his auditory difficulty. In the ordinary class-room, unless the child with hearing loss is sitting on the front row, and/or the teacher has a very penetrating voice, he will most likely fail to hear much of what is going on.

A helpful means of instruction for the non-reader is " The Alphabet Picture and Sound Matching Cards," consisting of cardboard pictures, together with the initial letter sound of each, which fit against one another—jig-saw fashion. This set has been found very useful and the child can afterwards copy the letters. Copying also helps to counteract the tendency to mirror-writing (and reading) in some children.

In addition, numerous copy books or sheets of paper have been drawn up on the lines given above, except that the capital letter and whole word is added thus : "A. Apple " (picture of apple) and so on, to " Z." The child is required to listen to and then repeat the initial sound of the word—and in this he is guided by the picture—afterwards saying the whole word, and then copying with pencil what is written.

A further help is the use of small cardboard letters, the child being taught to familiarize himself with the sound of each one, afterwards, learning to select the required letter in order to build up a given word (with or without accompanying picture) ; uttering the sound of each letter before he attempts to select. As the child progresses he may be handed a word in jumbled order and asked to assemble it correctly. Then he will be requested to copy and read out the word he has made.

The above method, in conjunction with text-book reading from an infant reader, was used with a group of three backward boys, all stammerers—two of whom were entirely non-readers—their ages ranging from 10–11 years. After weeks of continuous effort with boxes of letters, pencil and paper and easy readers, one of them suddenly " saw the light " and, after that, never looked back. This boy, besides having a stammer, was also a persistent bed-wetter but, from the time that he found he could read, these complaints vanished completely. Of the other two in the group, one had very poor mental equipment and, although he tried pathetically hard, could never make any headway. The third boy, already able to read a little, defeated his own ends through great haste and impatience coupled with an aggressive and generally unco-operative manner.

Another weapon in the armoury of reading aids used at the speech clinic is a novel type of alphabet in triplicate called the " Pastime Word Building Book." This consists of pages slit horizontally into three equal-sized leaves, each one bearing a single letter of the alphabet, in order, from A to Z. When the book is held sideways any of the leaves can be turned over separately—the first leaf showing only capital letters throughout. In this way numerous two- and three-letter words can be built up.

Also, there is the medium of the child's speech exercise book, which contains words and sentences—often preceded by simple consonant and vowel practice exercises—designed to give special prominence to the particular speech sound needing correction. Where there is a reading difficulty a double margin is drawn and the child encouraged to put in his own pictures, each one illustrating what is written. Rhymes and jingles, too, receive their quota of illustration. The consonant (or vowel sound) requiring special attention during practice is underlined with a coloured crayon.

Someone was once heard to say " When he can speak properly he will be able to read." It could be the other way round. The acquisition of clear speech is largely a matter of ear training. If the child with a predisposition to speech defect was guided to early aural awareness of the individual sounds involved in the spoken, printed, and written word, it is possible that this tendency to speech defects might then never develop—all things being equal.

OPHTHALMIC CLINIC

(DR. J. SCULLY)

During 1961 orthoptic supervision has been given to 211 new cases of squint ; 92 girls and 119 boys, and occlusion treatment has been given on 4,327 occasions, comprising 1,935 girl attendances and 2,392 boy attendances. Orthoptic treatment on the synoptophore has been given on 513 occasions, comprising 254 girl attendances and 259 boy attendances. The number of children who fulfilled the category of cure was 94 and the number of cosmetically straight, but who did not attain full binocular vision, was 85.

There were 34 children who did not attend despite repeated invitations, and a further 21 who left the district while still under treatment. Notes on the treatment of these last cases were forwarded to other clinics when requested.

In addition to the normal work of the ophthalmic clinic, it has been possible during the last twelve months to give continued attention to the amblyopia of squint, with special reference to the factor of eccentric fixation which occurs in that condition. Each case of strabismus, as it attended the clinic, either as a new case, or as a repeat visit, was first refracted and then examined with the visuscope when the pupil was dilated. A detailed history of each new case was made, having regard to the following details—date of birth, age at onset of squint, interval of time between onset and first attending for treatment, family history, possible cause of squint and degree of refraction. There was found to be a statistical difference in the incidence of non-central fixation between treated and untreated cases. A series of more than 150 new cases showed a percentage of 25·3 having eccentric fixation and a further series of conventionally treated cases of a percentage of 15·2 with eccentric fixation. The children having a later age of onset of the squint were less likely to have non-central fixation compared with younger children, but the operative factors tending to increase the incidence of non-central fixation were the interval of time between onset and first treatment and the degree of anisometropia. These factors were independent of each other. Of these factors, age at onset, interval of time between onset and treatment, and the degree of anisometropia, the first two are subject to influence as a result of medical inspection. The inference which has been drawn suggests that squint in children should be ascertained and treated as soon as possible in order (1) to treat the children in the younger age groups, who show a greater likelihood of developing eccentric fixation, and (2) to diminish the interval of time between onset and treatment in order to diminish the likelihood of eccentric fixation developing in the untreated case. With these objects in view, the family doctors and the school medical staff of the local authorities have been circularised suggesting that cases of squint should be sent for treatment immediately they are discovered.

Conventional treatment of eccentric fixation by occlusion of the fixing eye has been given to 32 cases of squint under visuscope supervision at intervals of two or three weeks. A further 11 cases have had occlusion of the amblyopic and eccentric eye, and have been examined with the visuscope at similar intervals. When a sufficiently large number have been occluded over the requisite period of time an attempt will be made to compare the two methods of treatment.

FOOT HEALTH SERVICE

(Franklin Charlesworth, Ed.D., D.S.C. (Ohio), F.Ch.S.)

The report on school surveys this year shows a very marked decrease in the number of children seen. This was due to a long period of sickness preventing me from carrying out surveys.

The weak long arch seems to be the principal defect. Of 1,597 children examined 371 showed long arch weakness ; 373 children showed varying degrees of valgus deviation. Fortunately, a great proportion of these were only mild, but the tendency shows that unless steps are taken to prevent footwear defects causing this condition a great proportion of them will, no doubt, end up as severe valgus deviation probably complicated by bunions.

There were 544 cases out of a total number of 1,597 in which footwear was very badly fitting not only in size but in type. This, of course, is responsible for many of the defects shown.

Onychocryptosis (ingrowing toenail) may be caused by lateral pressure or faulty trimming or both.

If the nail is trimmed too short the anterior corner falls low in the groove, as it grows forward it becomes embedded in the floor of the sulcus (groove) causing ulceration or hypergranulation tissue.

If the anterior portion of the nail only is affected, advice *re* nail trimming and packing to train it will often produce the required correction.

When the lateral border of the nail is abruptly angulated as the result of severe lateral pressure at the base, correction is very difficult, as the matrix is involved. The severe lateral pressure in the area of the matrix where the nail terminates, causes a distortion of the matrix, which causes this angulation of the nail as the result of a deformed matrix, and cure may involve the removal of this portion of the matrix by curetting.

The present conical and extremely pointed toed footwear being worn by teenagers, is causing this severe lateral pressure. The consequential nail defect is difficult to correct. Once the matrix is deformed the nail will continue to grow faulty, so it is most important that we should do all we can to educate both child and the parent in the dangers of the present trend in footwear.

It will be interesting to consider the type of footwear being worn relative to the number of children examined :—

Leather footwear	3·3%
Rubber soles, leather middles	14·8%
Fused rubber soles	50·2%
Crepe soles	5·1%
Neolite soles	10·6%
All plastic	2·4%
Plimsols	10·8%
Wellingtons	2·4%

this, of course, means the total percentage of leather footwear is such a very minute proportion of the whole. This problem has been dealt with fairly extensively in previous annual reports so I do not think that it requires emphasising again, but by referring to it, it brings to one's notice that this situation still exists.

There is, however, a problem which should be emphasised that is the present trend in girls' footwear in the type termed " flatties." Here we have shoes with rubber soles and practically no heel, which are usually very low cut with pointed toe or with " chisel " toe.

The injurious affect of the modern pointed toed footwear for girls is clearly shown by clinical figures 1, 1A, 2, 2A. Figs. 1 and 1A show a girl who has continuously worn correctly fitting natural form laced shoes. This girl (aged 12) at a secondary modern school has perfect feet, with her great toes quite straight and the lesser toes perfectly aligned. In contrast, Figs. 2 and 2A show a girl of the same age at the same school wearing modern low-cut " chisel " toe casuals with disastrous results to the feet. She has a marked bilateral hallux valgus, a retraction of the lesser toes, the third toe on each foot is retracted, underlying, and rotated.

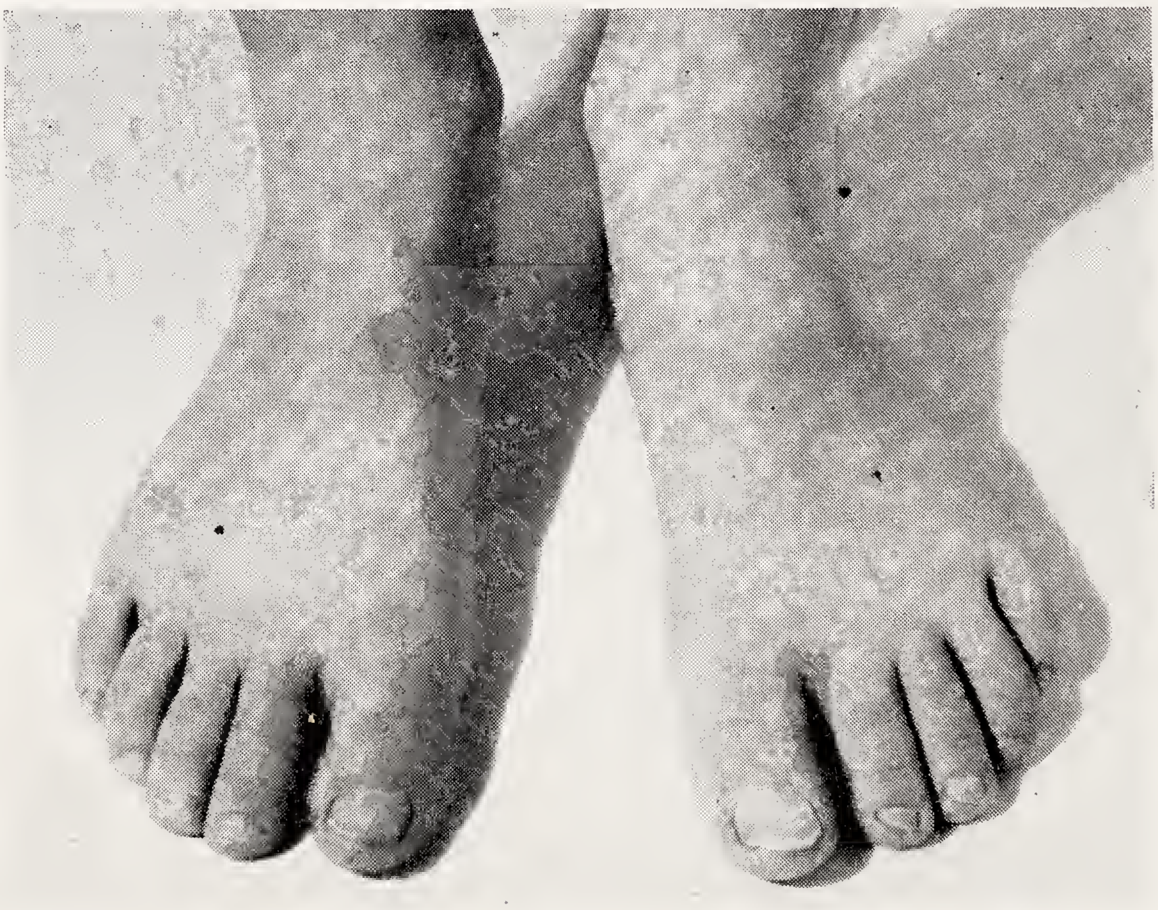


Fig. 1.

We are told by the manufacturers that this elongated pointed toe is an extension on the normal shoe size and should not affect the fit, but as this makes the shoe look very long, in practice the girls wear shoes of a less size,

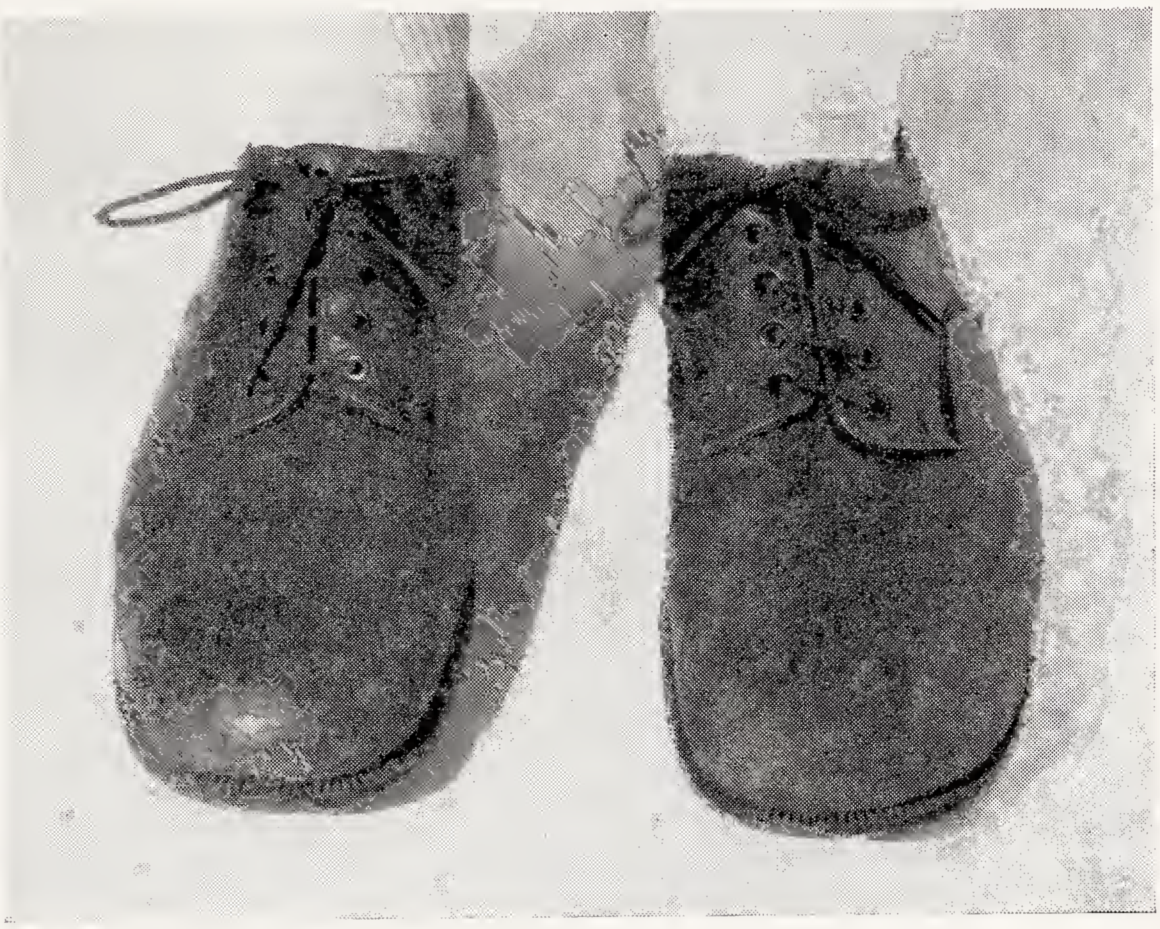


Fig. 1a.

thus forcing their toe into the narrow wedge causing underlying rotating toes, mallet toes, hammer toes, etc., and also great pressure on the side of the great toe and inducing ingrowing toenails.

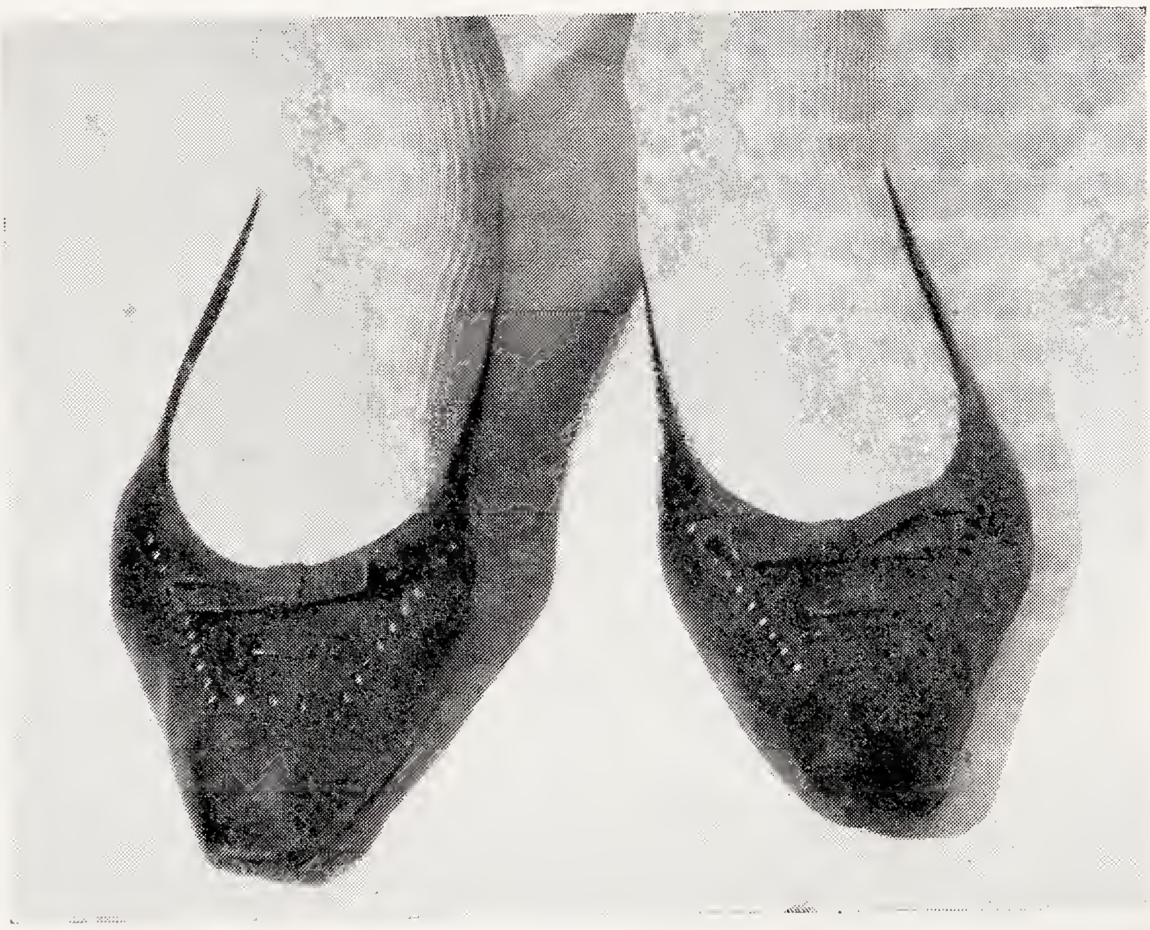


Fig. 2.

Another factor which has been noted in quite a large proportion of these " flatties " is the narrowness of the sole of the tread, which results in considerable treading over of the uppers. Thus, we find the girls wear these shoes with the upper stretched round as tight as a drum and the edge of the shoe sole digging into the sole of the foot, thus producing marginal callosities, damage to the nails, corns and bunions. (Illustrated by Figs. 3 and 3A). This defect, and the wearing of shoes too short is resulting in considerable increase in the underlying and rotating toes and mallet toes previously referred to. It is also producing a considerable increase in the number of corns to be treated at the clinics.

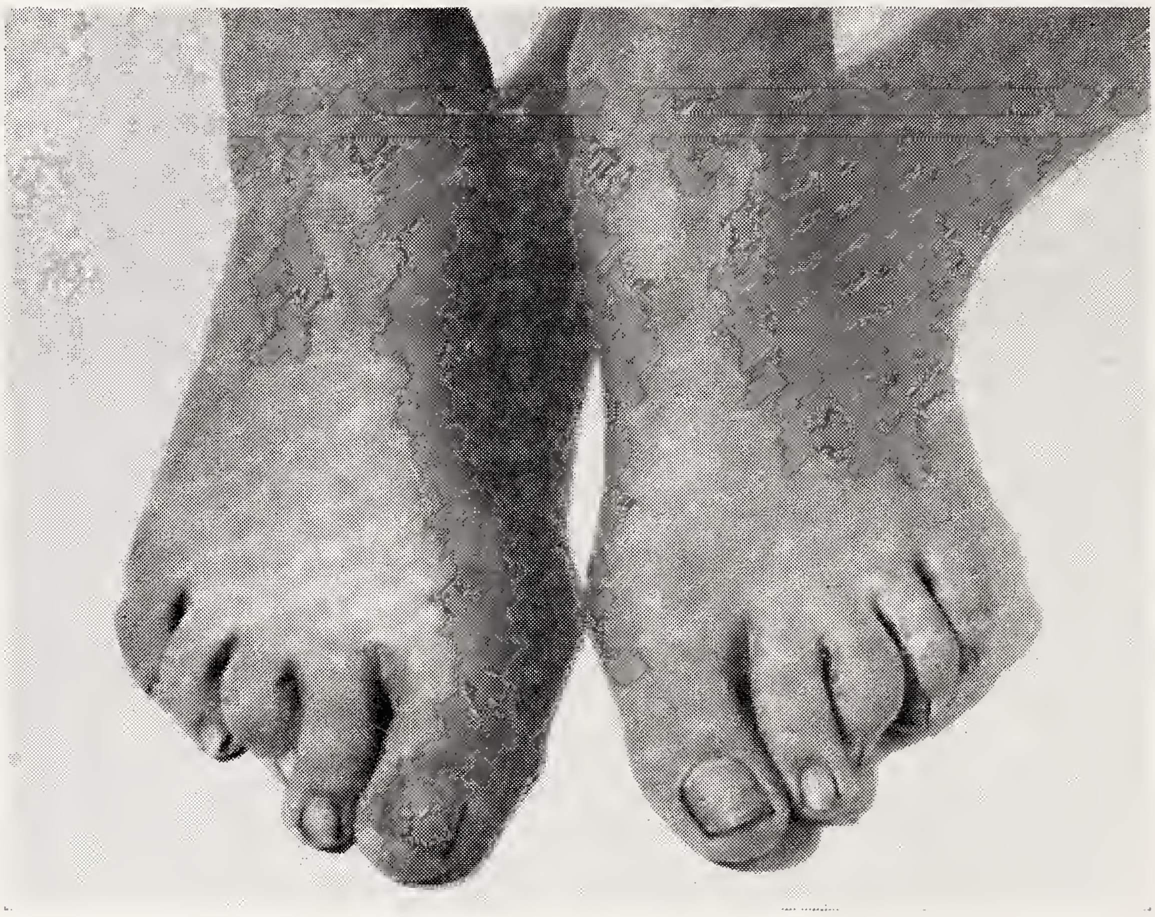


FIG. 2A.

At the present time, 13% of those attending clinics are suffering from these lesions. This considerable percentage is in marked contrast to the negligible number some years ago and must be attributed to the present type of footwear.

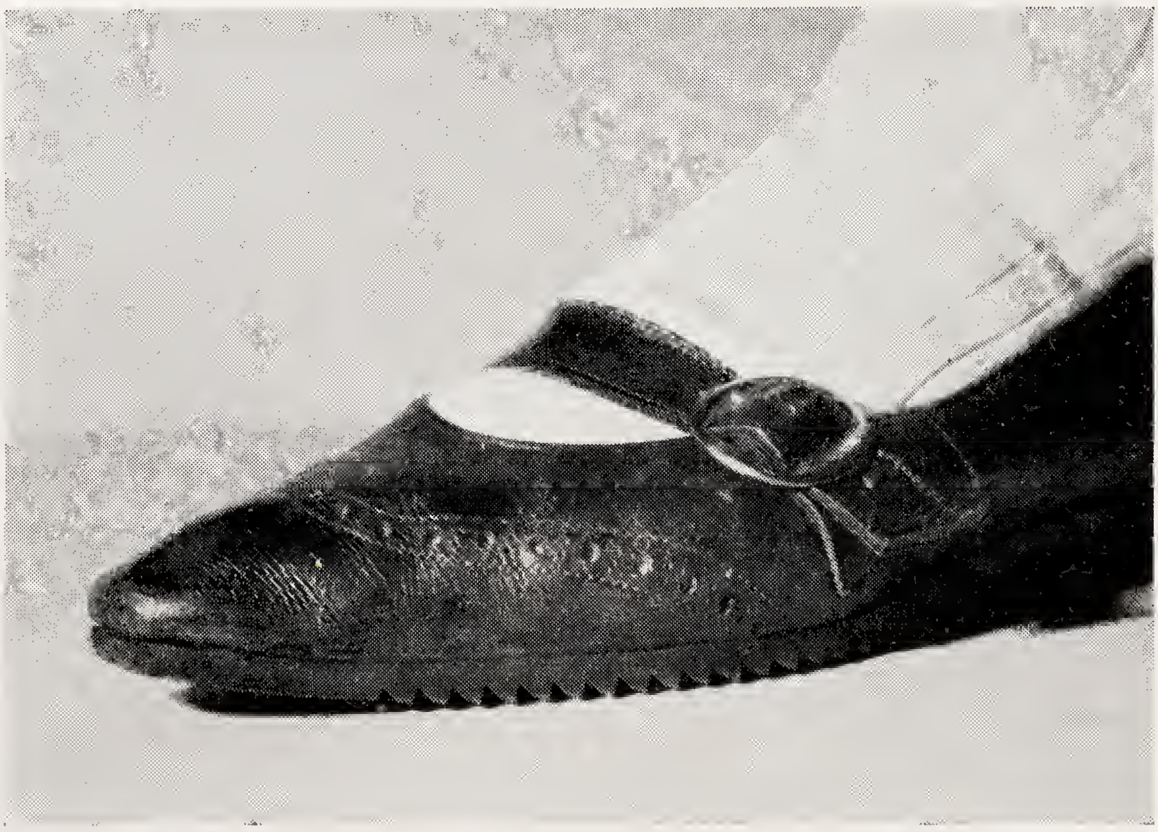


FIG. 3.

Another factor which is also showing signs of increase is the number of children complaining of painful lesions at the backs of the heels, involving the tendo achilles. This, of course, can be attributed to those wearing shoes too short. We pointed out in the previous report that many of these flatties are so low-cut that they will only stay on the feet if worn much too short.

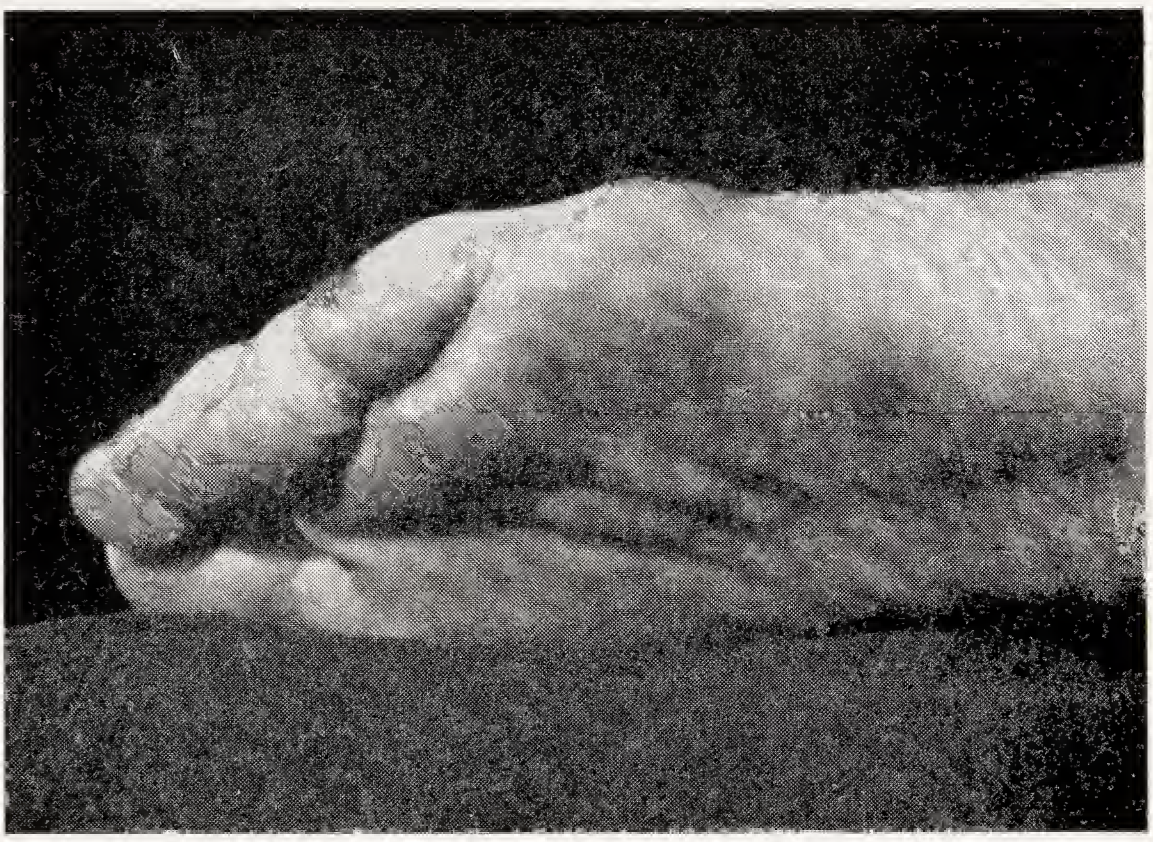


Fig. 3a.

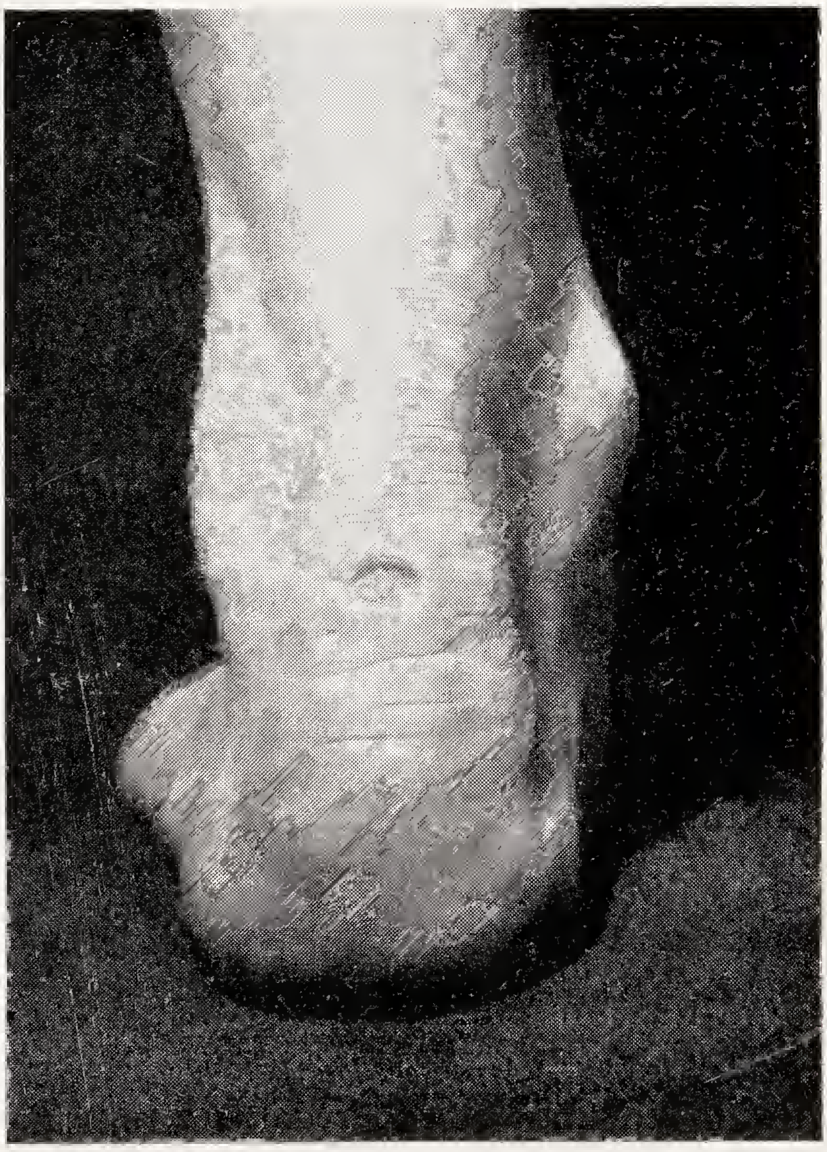


Fig. 4.

The result is that the back of the shoe presses sharply into the heel at the point of the attachment of the tendon. This produces inflammation of the periosteum of the heel bone, often producing an exostosis (a bony lump) and certainly causes inflammation and even ulceration of the adventitious bursa which becomes enlarged. This is clearly illustrated by Figs. 4 and 4A.

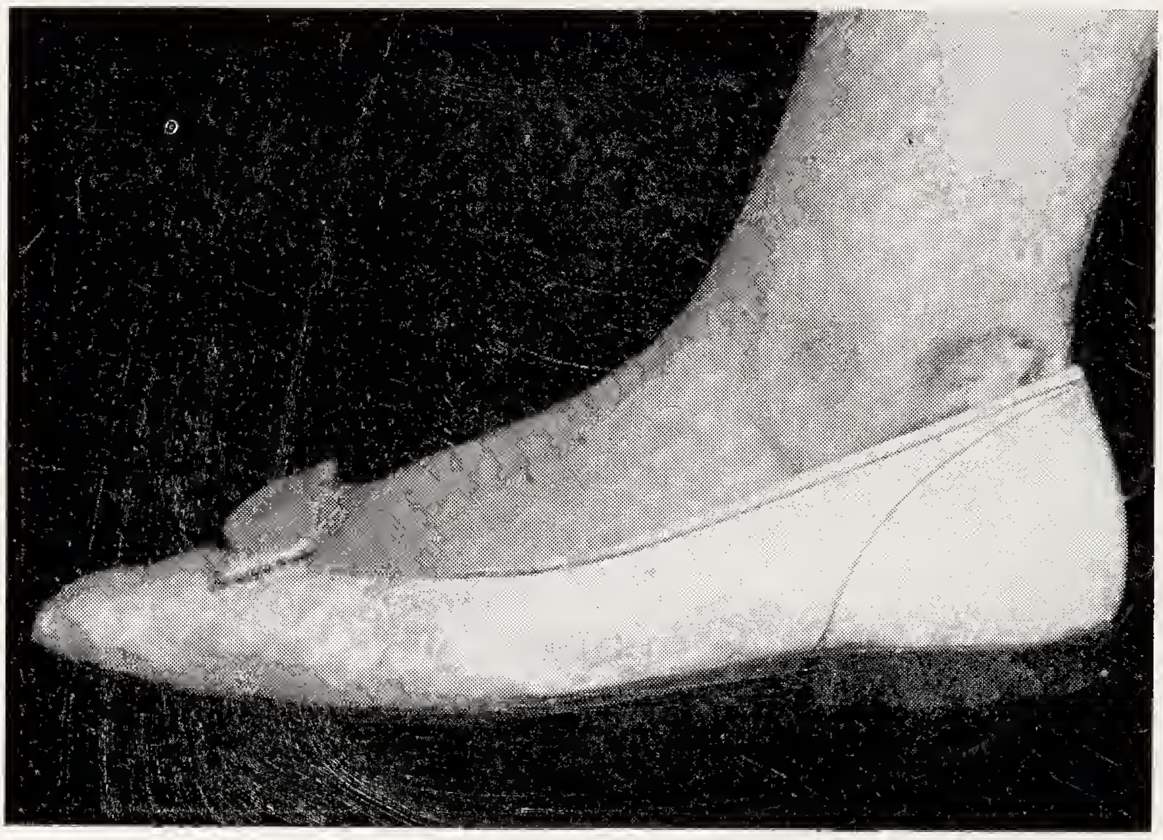


FIG. 4A.

We are becoming accustomed to deal with numerous defects of the feet of girls and women relative to the present fashions in footwear, but we are now also being faced with the same situation in boys and youths.

These so-called Italian shoes, which are all the rage among boys from at least 11 years old and upwards, are now bringing about conditions relative to those met with among the teenage girls. Spike toes are causing an increase in Hallux Valgus and bunions, also underlying and rotating toes, mallet toes, hammer toes, etc., an increase in corns and inflamed dorsal bursa, and also ingrowing of the great toe nails as in the case of the girls.

Another new factor which is coming to our notice is Taylor's bunion.

At a recent examination carried out at a Secondary Modern School for Girls seven cases of Taylor's bunion were diagnosed. One may say that this is a very small percentage but from almost nil it is considerable. There is no doubt that this is due to the present fashion and the wearing of the shoes much too tight and short.

Fig. 5 illustrates the Taylor's bunion, also a permanently deformed fifth toe-nail resulting from the same pressure factor.

It will be interesting to know the percentage of the various defects met with in the clinics during the past year and, in the future, to see the trends which will develop relative to the present form of footwear.

Verruca	38·6%
Pronation	21·1%
Corns and callosities	13·3%
Defects of lesser toes	10·6%
Other defects	5·7%
Tinæ Pedis	3·9%
Hallux Valgus	2·8%
Nail defects	2·4%

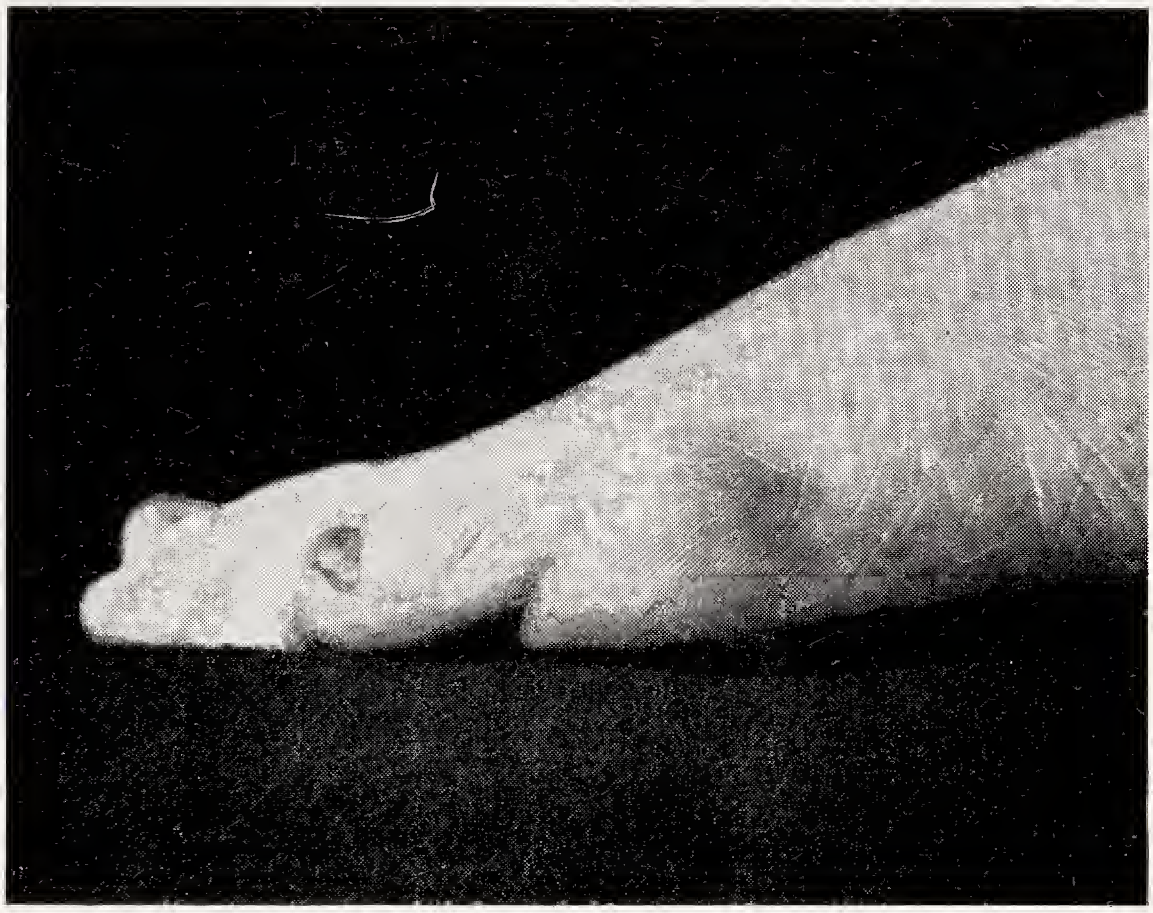


FIG. 5.

The fact that the clinical percentage does not bear relation to the survey percentage is, of course, that there is a proportion of these diagnosed who do not choose to attend for treatment but the survey percentage must be quoted.

Verruca.

A factor which has been noted is the increase in the number of multiple verruca and we now meet cases of more resistent type of verruca. We are finding that a number of cases are requiring more prolonged treatment than used to be the case, except for mosaic verruca, a type of lesion which is more rarely encountered.

This may mean that a more resistent type of virus has developed, but as yet it is too soon to arrive at a definite conclusion, and a planned survey with laboratory tests would be required. The fact is that there is an increase in the number of cases who require more prolonged treatment.

In the treatment of TinæPedis it has been found that infection of adjacent toes by contact has been very prevalent, therefore, the treatment being used at the present time is to apply tubular gauze finger-stall dressings on the toes at each treatment to prevent contact. This has resulted in an immediate improvement and is now being used as standard procedure.

One is still driven to the opinion that lack of proper foot hygiene is a major contributory factor to both the increase in verruca and tinæ pedis, coupled with, of course, a change in types of material used in the production of footwear. This conclusion is arrived at on the basis of the deterioration in foot hygiene noted among schoolchildren.

Previous mention has been made of the treatment of pronated feet. If cases are only mild they are merely fitted with wedges which are supplied in the clinic. In more severe cases they are referred to Hope Hospital, where I have a foot appliance department, and special corrective inlays are made in this department for such special cases by a very modern technique which is an involved principle of manipulating feet into correction for an impression compound of the corrected foot. Special flexible moulded inlays are made to these casts and are proving highly satisfactory.

In addition to this type of case, the department also deals with difficult orthopædic problems and is able to achieve many excellent, and even startling, results.

An example of which is herewith given of a child attending a School Chiropody Clinic. This little boy was born with a serious defect of the right foot (Fig. 6) which made it completely unstable and, although an operation improved it considerably, stability was still not achieved, and as a result the boy fell over very badly, and the shoe was completely trodden down and he was walking with a very marked limp.

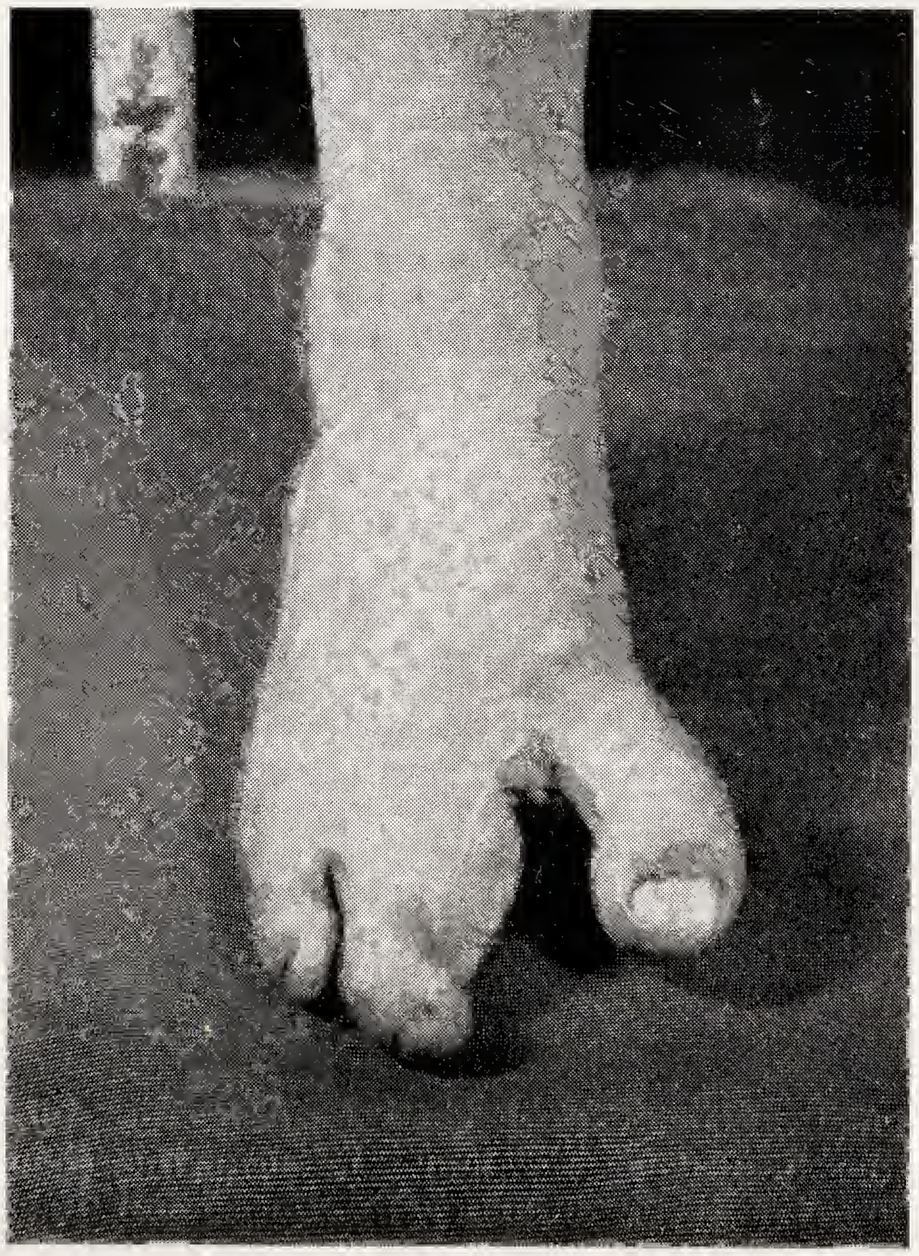


Fig. 6.

By a combination of a forefoot elastic brace to control the hyper-mobile great toe and a moulded inlay to stabilise the foot (Fig. 6A) on weight-bearing as shown in the illustrations, complete success was achieved. There are also psychological factors in this. The boy had a marked limp and unsightly trodden-down shoes which caused him considerable distress both mentally and physically. We were able to overcome this problem by making forefoot extension on the inlay with a toe block bringing the appliance to the same length as a normal foot. This has resulted in him being able to wear a pair of normal

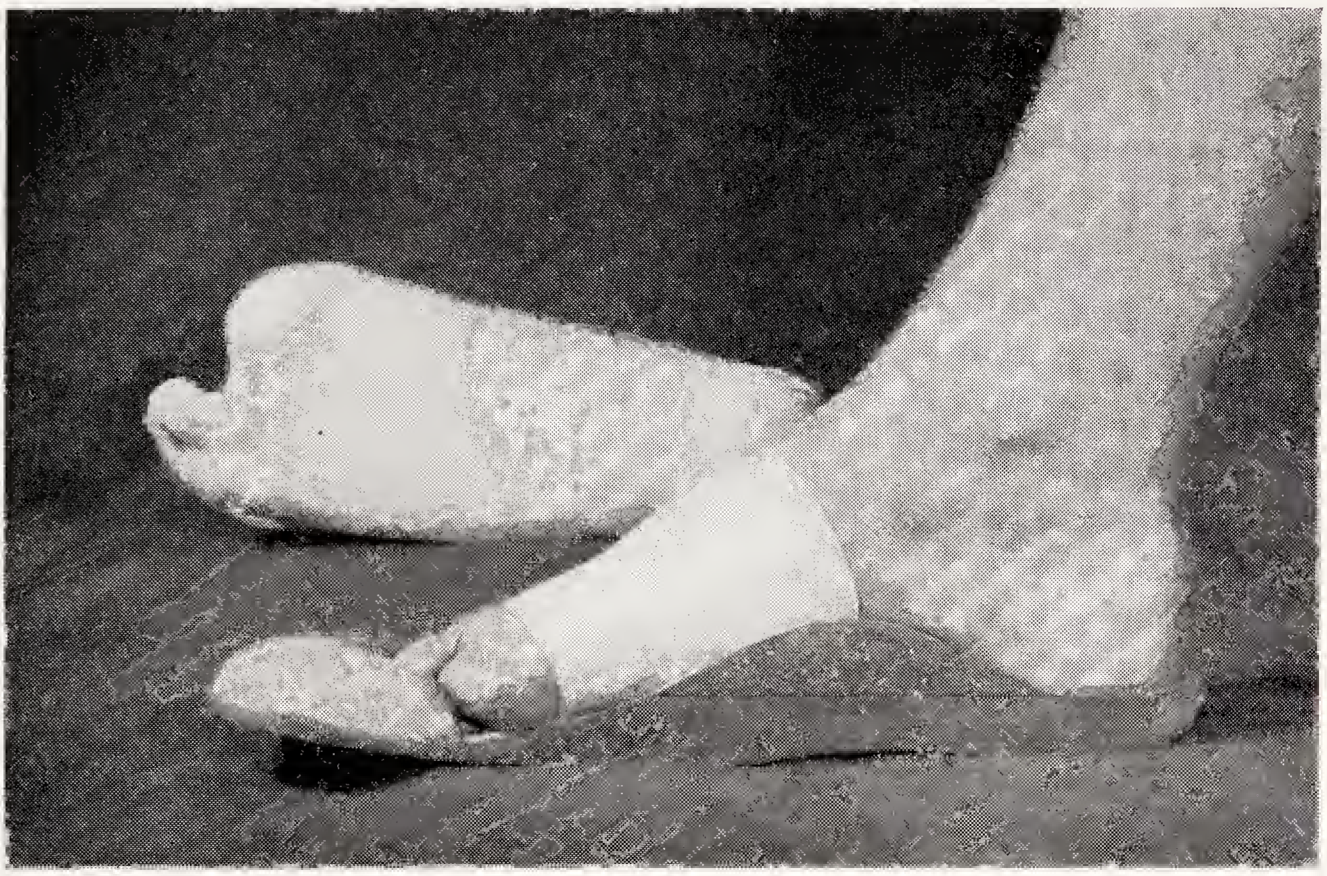


FIG. 6A.

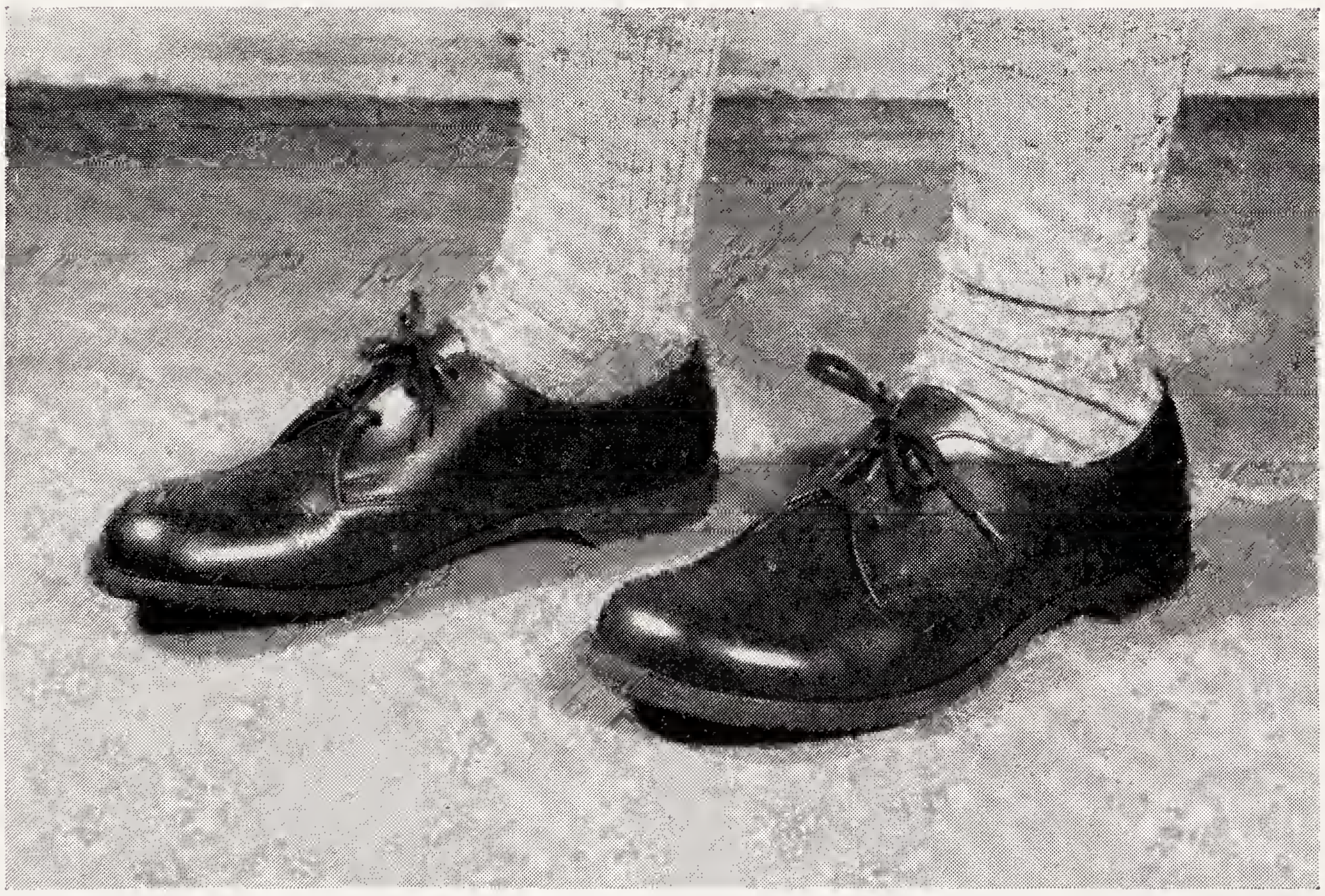


FIG. 6B.

shoes (Fig. 6B). The limp has been markedly reduced and the boy has the appearance of having normal feet.

He has already worn out one pair of shoes with this appliance and has had his second appliance fitted. Both parent and child are highly delighted with the result.

This is only one of many equivalent cases which are being treated by this department as part of the overall foot service of the City.

Another factor is the new fashion of Italian pointed toe shoes being worn by boys. Previously, boys footwear has been singularly sensible, that is no longer so. These pointed toe shoes, like the ones being worn by girls, are often worn much too short, and are now resulting in similar deformities as being found with teenage girls, namely :—

Hallux Valgus.
Overlapping toes.
Retracted toes.
Damage to nails, etc.

An example of overlapping toes is clearly indicated in the clinical photographs Figs. 7 and 7A.

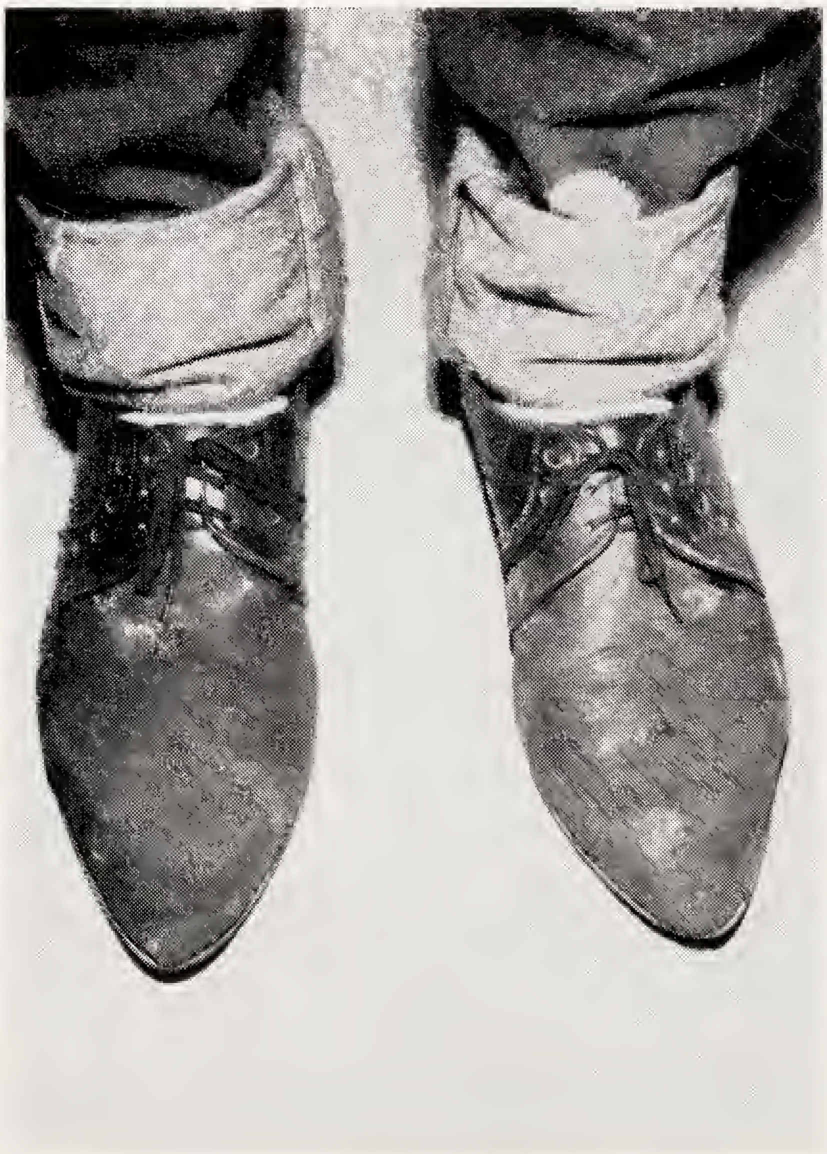


Fig. 7.

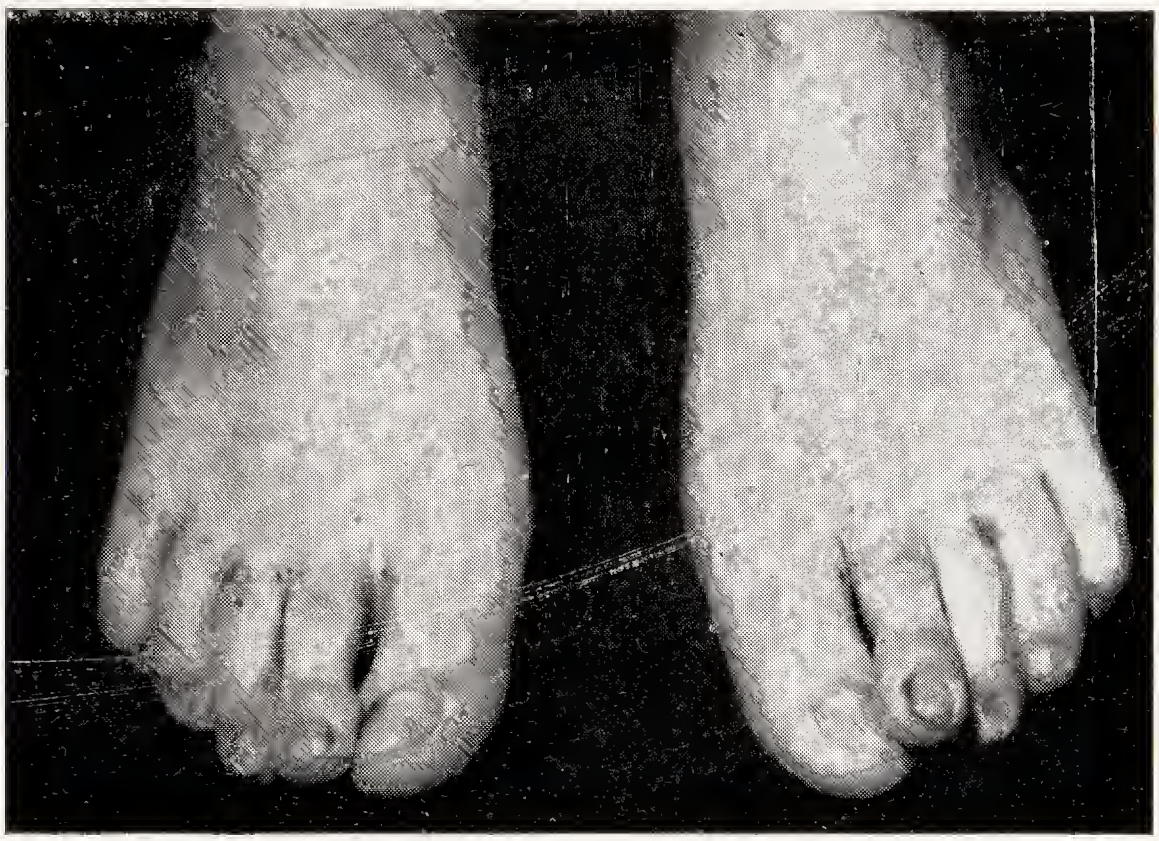


Fig. 7a.

In conclusion I would like to thank the Principal School Medical Officer and the School Medical Officers for their encouragement and interest, and the Head Teachers for the co-operation. I would also like to thank the Chief Clerk in the School Health Service and his staff for organising so efficiently the administrative side of this very complex service.

CONSULTANT ORTHOPÆDIC CLINIC

(Mr. W. Sayle-Creer)

It is a pleasure to submit this annual report on the Salford School Orthopædic Services. I am delighted by the therapeutic aspect of the work, but have been somewhat disappointed at the lack of co-operation among the children and their parents in an aspect of preventive medicine relating to feet, which I have been charged to carry out.

I see and examine children at Regent Road Clinic, at Cleveland Special School, and at Claremont Open-Air School. These children are suffering from some orthopædic condition, the most important of which relate to the effects of Polio, or that complex problem, Cerebral Palsy.

We are fortunate that there has been no epidemic of Polio since 1947, and that the occasional child affected by sporadic infection is generally only very slightly affected. I think it is true to say that all the badly affected children date back to 1947. They are not many, but they require a fair amount of care and treatment. The treatment is mainly conservative in the form of splints and physiotherapy, but an occasional operation is required. These operations are carried out at Hope Hospital.

The " one born every eight hours " Cerebral Palsies are a different problem. There are so many causes and so many types. Always we have to assess them from two aspects, namely, the intellectual and physical. The intellectually poor, or mentally retarded cases, seem to be decreasing in number. There is, unfortunately, little that can be done for them and in my opinion a good deal of our attention ought to be directed to making it as easy as possible for the parents to bear the terrible burden of looking after them.

It is both heartening and yet saddening to see the other type, the intellectually bright happy children, some of whom are so physically handicapped that they cannot enjoy a full life, or in some cases cannot express themselves because their brains are unable to control their voices, lips, or limbs. These children require very great care and devotion. They need religious, moral, and philosophical care, in addition to the simple physical treatment and educational facilities. They need to be helped to " live " in the true sense of the word. For most of them the facilities at Cleveland and at Claremont are excellent. Very occasionally an operation is required, but it is a well-known fact that operative treatment is rarely required for the majority of the children. Physiotherapy and splintage of all forms usually offers them the maximum chance of regaining the fullest use of their disabled bodies. I am looking forward eagerly to the new school which is to be established, which will include a Hydrotherapy pool. Many of these children make enormous improvement when they are able to have treatment while they are enjoying a bathe. Their limbs seem so much freer to them when they are immersed in water that it is very easy, or at least relatively easy, to educate their defective nervous systems to control their limbs.

PHYSIOTHERAPY

During the past year we have been forced to face up to the fact that physiotherapists have become more and more scarce, and that in order not only to improve but to maintain an efficient physiotherapy service in the Salford School Health Service the work would have to be streamlined and as many non-essential duties in physiotherapy as possible designated to other helpers. How difficult the position is will be seen from the fact that every month for the past twelve months we have advertised for physiotherapists for either the School Health or Health Department and not one application has been received.

In spite of this gloomy picture, in one way we have been most fortunate. A number of young married physiotherapists live in the district and, though they all have small children through personal contacts and friendships, we now have five part-time physiotherapists who come, some one session, some more, and often at considerable personal inconvenience to help us. Without their help it would be impossible for the few full-time physiotherapists to visit all the special schools and clinics. We are also very grateful to the mothers and mothers-in-law who look after the married physiotherapist's children whilst their mothers are helping us.

We are eagerly looking forward to the building of the new physically-handicapped school which, being specially planned for the use of the children who need it, will give them so much more freedom to develop fully and use all their physical and mental powers. The swimming pool will give tremendous joy and I am sure every child in the school will benefit from water therapy.

The new school will also be a great help in saving time and increasing efficiency for the work of the physiotherapists. At present, we aim to give daily treatment to those children who need it, and who attend the cerebral palsy class held at Cleveland House. There are also children with cerebral palsy and other physical handicaps at Claremont O.A.S. requiring daily treatment, and much time and physical effort is expended by physiotherapists in travelling between schools.

The work required at Claremont O.A.S. has grown very heavy. When the school was extended to take 210 pupils, naturally more children required physiotherapy, and eventually we found that two-thirds of the children attending the school were on some form of treatment. We have always tried to leave the mornings free from treatment so that the teachers are able to continue lessons without interruptions. This meant that all the physiotherapy work had to be concentrated into the very short afternoon periods. The senior children are treated during the dinner-time break, which means they lose no lesson periods. The child misses part of his free time but the physiotherapist has no lunch break period and this does tend to become very exhausting. With the co-operation of the School Medical Officers we have tried to cut down some of the treatment. All children having frequent asthma attacks of bronchiectasis have daily treatment, but for children who have been on daily therapy for a considerable time and are now much improved, we are trying to reduce treatments to three, and eventually two, a week. In this way we are reducing the size of the classes, which had reached impossible dimensions, and it also has the advantage that a child who one hopes will eventually return to ordinary school is gradually weaned from treatment and does not then miss the abrupt change-over of schools so much.

The physically-handicapped children still visit the baths once a week. Three have learnt to swim and all have gained in confidence, again when a swimming bath is on the premises more time can be spent in the bath and less time on travelling also relieving the ambulances for urgent duties. We had hoped to take the children from Cleveland Cerebral Palsy Class to Light Oaks School. The Headmaster having very kindly offered to lend the small pool for the children's use. Unfortunately, the winter had proved so long and cold it had been felt to be wiser to wait for spring before undertaking the journey there and back again, after the children had been undressed and in the warm water.

A new experiment has been tried in giving treatment to the children at Barr Hill School. The accommodation there is so limited that we have tried sending the children to Summerville Clinic for treatment. This clinic is on the same side of the main road and only a short walk away from school and is proving quite successful. It also enables the physiotherapist to make fuller use of her time, school hours being so short she can arrange for children from other schools to attend for treatment before and after school sessions.

The sunlight and remedial exercise clinics have kept the physiotherapists busy. There has been an increase in the numbers of children referred for treatment both by specialised departments of hospitals and also by general practitioners. We are glad of this because we are anxious to co-operate fully with all branches of the health services.

To a certain extent the number of children referred for physiotherapy treatment decreases when there are fewer children examined in schools, due possibly to the School Medical Officers being engaged on special work such as vaccination and polio clinics. This is probably resulting in minor orthopædic defects and breathing difficulties being missed in growing children which is regrettable as in early years defects may be corrected before they cause trouble in adult life.

A new school has been visited this year, Parkfield. Some of the children here have difficulty in co-ordinating their movements, as well as emotional difficulties, and it is hoped that physiotherapy will help their clumsiness of movement and release some of their pent-up emotional strain. Work with these children is new and experimental, and until more time has elapsed, it is impossible to say how much we shall be able to help them. So far the children enjoy treatment and are always anxious to try and co-operate.

This year has been stimulating and interesting in spite of being very hard work, and we are most grateful to the physiotherapists and the clerical staff, who have all worked so hard to improve the service.

AUDIOMETRY

During 1961 the following tests were carried out :—

Sweep Test of hearing	2,725
Failed Sweep Test	274
Found to have deafness, after full test	252
Number of Individual Audiometer Tests	2,138

During the current year, sweep testing of hearing was carried out on the 4–7-year age group only ; greater emphasis being paid to this group for the following reasons :—

(1) So that the child can have its hearing loss corrected before serious school work is commenced.

(2) Because deafness in the very young has a greater maladjusting effect than on older children.

(3) Because young children have tremendous difficulty in negotiating traffic and the further hazard of a hearing loss can prove to be fatal.

(4) Because young children have difficulty in describing the location of pain and have an even greater difficulty in convincing parents that they have genuine earache and deafness, when parents tend to regard it as naughtiness and " he does not **want** to hear."

In the previous year's report, it was noted that 13·5% of all the children who had a sweep test of hearing had sufficient deafness to constitute an educational handicap. This year the figure is 9·5%. It was noticeable that many children who had a marked hearing loss the previous year were found, on a re-sweep this year, to have normal hearing. Conscientious parents and competent treatment from the School Medical Officer and our special E.N.T. Clinic were the probable reasons for the improvement in hearing.

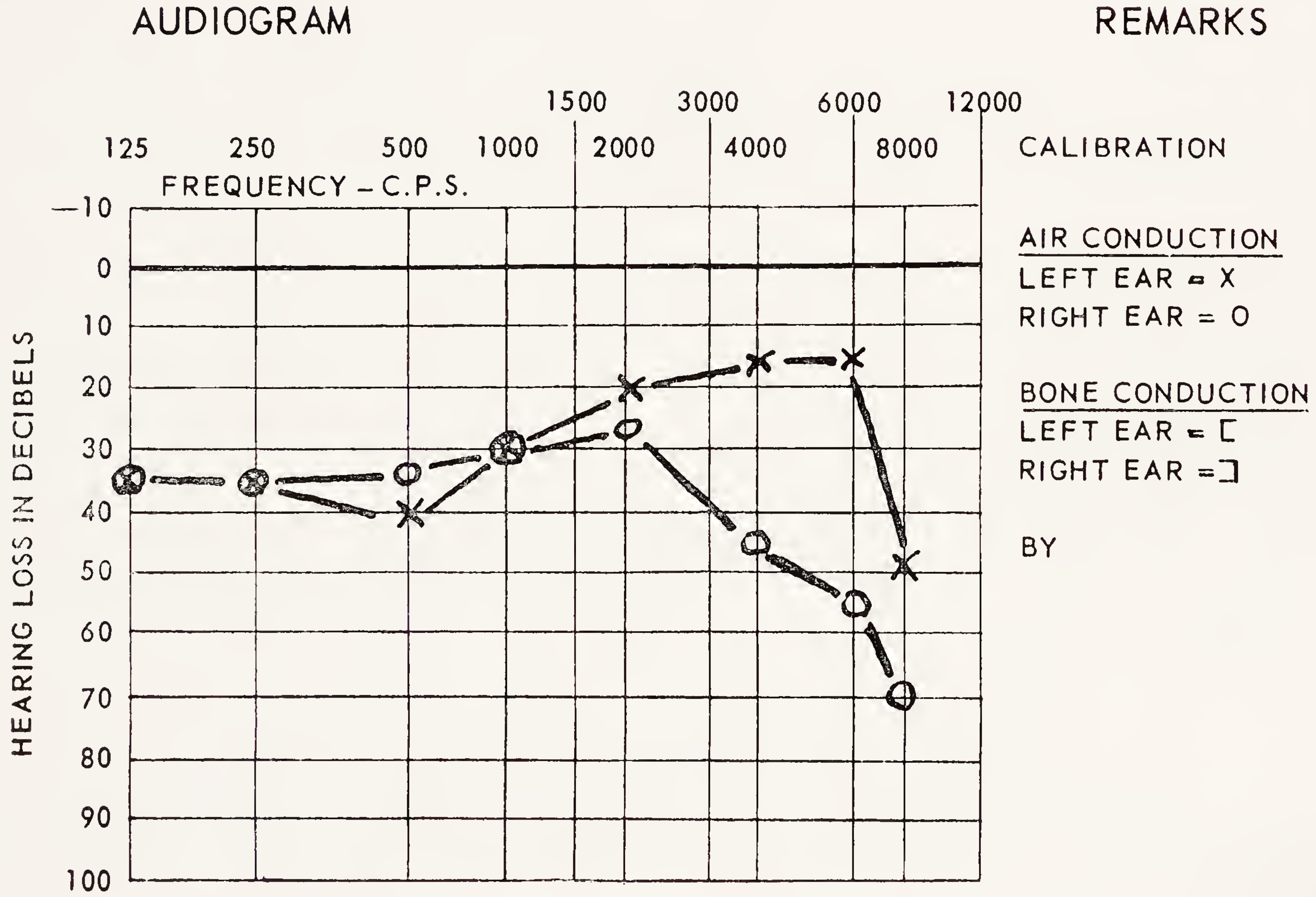
Audiometric Survey—Part-Sighted Class.

For many years it has been known that there is a close association between congenital eye defects and congenital deafness. With this in mind, an audiometric survey was implemented at Claremont Open-Air School, where the

Partially-Sighted Class is situated. Thirteen children, all with congenital eye defects, were given a hearing test, and of these 13 children, only two had satisfactory hearing. Of the 11 children with defective hearing :—

2 had a history of otorrhœa ;
3 a history of upper respiratory tract catarrh ;
1 a history of upper respiratory tract catarrh and bronchitis ;
1 a nasal obstruction ;
1 a mechanical perforation ; and
1 had a congenital deafness.

The pure tone audiogram of the child with congenital deafness.

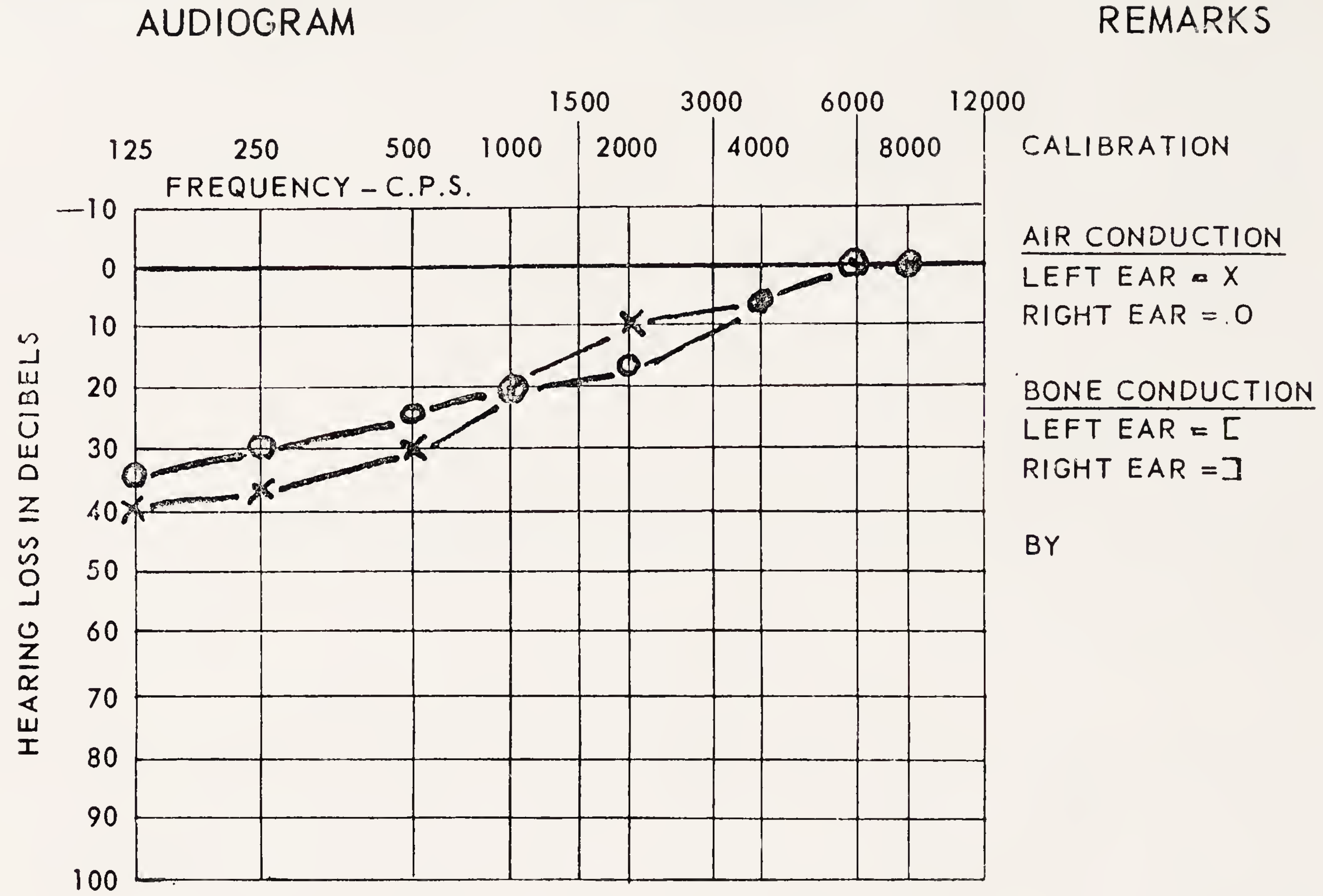


Audiometric Survey of Children Involved in Road Accidents.

It had been noticed in the past that a number of children with low tone deafness had been involved in road accidents. The connection between the two can be fully appreciated when one realises that the " knock " of a diesel motor is between 700 and 2,000 cycles per second, and a petrol motor is very much lower, having its loudest noise at 125 cycles per second and seldom higher pitched than 1,000 cycles per second.

Low tone deafness is difficult to detect, as the child will often hear the whispered voice of mother or sister, or the " tick " of the General Practitioner's watch—but that same child could be knocked down by a motor car because he did not hear it. The child may also assume that because he can hear many noises well, he can hear the noise of traffic equally well, whereas the car which he mentally assessed, by the noise, as being a safe distance away, was in fact only a few feet away.

Audiogram of a child with such low-tone deafness.



It has been stated that " young children find it difficult to assess speed and distance." Added to this the child with low tone deafness has the further disadvantage of being unable to accept the warning given by the noise of a car, as he probably crosses the road at a blind corner, or as he runs from behind parked vehicles or decides to turn right on his cycle.

In view of the relationship between deafness and road accidents, the Chief Constable was contacted, and he most kindly supplied a monthly synopsis of schoolchildren injured on the road. A number of road accidents clearly did not have any connection with hearing, i.e. :—

" Boy passenger in car in collision."
" Boy falls off milk float," etc.

The remainder were invited for a hearing test, together with children whose parents complain that their child is oblivious to traffic danger. Of the 72 tested, only 17 had normal hearing in both ears.

30 had low tone deafness in both ears.
14 had low tone deafness in one ear, normal hearing in the other.
11 had a flat deafness (deafness to most noises) in both ears.

Of the children with low tone deafness, many were found to have enlarged tonsils, cervical glands or adenoids.

Of two children killed on the roads of Salford during the year, one was on the Special Partially Deaf Register.

Audiometric Survey—Fernhill Special School.

Fernhill Special School for children who require extra help with their academic work, was sweep tested for deafness. Of 125 children tested, 13 failed, and of these :—

2 had slight deafness in one ear only, normal hearing in the other.
2 had slight deafness in both ears.
7 had slight deafness in one ear and moderate deafness in the other.
2 had moderate deafness in both ears.

Slight deafness, which may be accommodated without handicap by a number of children, can prove to be a great burden to young people who for a variety of reasons have fallen behind with their school work, whereas *moderate* deafness at the crucial period of learning can be the sole reason for a child falling behind in class. When an intelligence quotient is obtained by Revised Stanford-Binet of a child who has a degree of deafness, a false I.Q. result is often obtained and the child will need to be re-examined with a more appropriate test.

In Salford we have a number of children who are receiving extra help with their academic work with the aid of a remedial teacher. Of these 43 children :—

14 have no deafness.
15 have slight deafness in one ear only.
13 have slight deafness in both ears.
1 slight deafness in one ear, moderate deafness in the other.

Audiometric Survey of Children Receiving Speech Therapy.

In Salford it is the routine to test all children referred for speech therapy. Of the 54 referred during the year, 35% had no deafness, 32% had deafness in one ear and 33% had deafness in both ears.

Some children who attended regularly for speech therapy and were found to have a marked hearing loss in both ears needed auditory training from a teacher of the deaf as conventional speech therapy was of little use to them.

Unfortunately, the Authority does not have a sound-proofed room for hearing tests. As a result many mothers are inconvenienced by having to travel to Manchester so that bone conduction and speech discrimination tests can be carried out. An essential service of audiometric work cannot be complete until this service is available.

SCHOOL CHILDREN'S CONVALESCENCE

Fifty-eight schoolchildren were afforded convalescence during 1961. Ten children referred for convalescence did not avail themselves of the provision made.

Sources of referral :—

School Medical Officers	52
Hospital Almoners	7
General Medical Practitioners	7
Child Guidance Clinic	2
Total	68

35 children were away for four weeks or less.
2 ,, ,, ,, ,, five ,,
13 ,, ,, ,, ,, six ,,
8 ,, ,, ,, ,, eight ,,

58

The Homes used, and the number of children sent to each, are shown below :—

Taxal Edge, Derbyshire	22
Margaret Beavan, Heswall	8
Ormerod, St. Annes-on-Sea	8
Bryn Aber Nursery Home, Abergele	8
West Kirby	9
Hillary Nursery Home, Prestatyn	2
Castle Craig Camp	1
Total	58

CHILD GUIDANCE CLINIC

In presenting the figures given here it has become customary to make some comments on one or two aspects of the work which seem to be particularly relevant. This is an opportunity also to bring to the attention of professional colleagues one of the problems encountered when the clinic is asked to assess a child's psychiatric condition. Such an assessment may have far reaching consequences, particularly if it has been asked for by the Juvenile Court.

Because of their concern or their fear, parents can often only give certain aspects of their child's total personality. What they recall and what they repress will be influenced by a number of different factors. It is therefore of immense value to the diagnostic procedure to have concrete examples from the school of the child's day-to-day behaviour. It is often not sufficient to know that a particular boy is childish or aggressive, but what form the childishness takes, with whom and in what situations he is aggressive, his reaction to failure—does he have to deny its importance, is he overwhelmed by it or will he blame it on to somebody else ? It is relatively easy to assess a child's reading age. In the clinic, one of the tasks is to assess his emotional age. There is no single test that is of sufficient value and every statement must be taken in conjunction with the particular child's life situation, and those who see him every day can help to supply the maximum amount of information needed in order to reach reliable conclusions.

The clinic staff have been greatly helped by many teachers' reports, and also by Probation Officers, Child Care Workers, School Medical Officers, and last but not least, Family Doctors, who have unrivalled opportunities for observing the child, particularly when they are called to his home.

Diagnostic Interviews.

I.Q.	Not Tested	Below 70	70–79	80–89	90–99	100–109	110–119	120–129	130+
Number Seen	2	2	2	5	9	8	6	4	5

Age	6	7	8	9	10	11	12	13	14	15
Number of Cases	3	3	5	4	6	8	5	5	3	1

Number seen diagnostically	43
Number referred	59
Total number of children seen	95

Age Distribution of all Children Seen.

Age	6	7	8	9	10	11	12	13	14	15
Number of Children... ...	3	3	9	7	16	13	11	14	7	12

Referral Symptoms.

Behaviour disturbances :		
Stealing	8	
Wandering and truancy	8	
Aggression	7	
Others	6	
	—	29
Enuresis and encopresis		8
Other psychosomatic disturbances		8
Sleep disturbance		1
Habit spasms		3
Obsessions and phobias (including school phobia)		6
Other school difficulties		3
No symptom given		1

Referred by :

School	16
School Medical Officer	19
Hospitals	7
Private Doctors	5
Court	2
Probation Office	1
Parents	5
Others	4

GREENGATE DAY SPECIAL NURSERY SCHOOL

Greengate Day Special Nursery School has now been in existence for just two years.

It is felt that it is justifying its purpose of catering for the needs of socially, psychologically and/or physically handicapped children of nursery school age.

The system of consultation between the Head Teacher, the Senior Assistant Medical Officer for Maternity and Child Welfare and the Health Visitor, with regard to priority of admission, has resulted in the reduction of the waiting list, so that at the end of the year 1961 all children in the urgent priority group awaiting admission were assured of a place by the January Term.

During the year 1961 there were twenty-two admissions and twenty-four discharges. On leaving Greengate Special School, two children were referred for open-air school placement. One child was admitted to Parkfield Unit. The remainder entered Primary Schools.

Medical examination of the children revealed two children in whom nutrition was considered unsatisfactory. These children have gained weight satisfactorily, as have all the other children.

The following defects requiring treatment and/or referral for specialist examination were noted :—

Teeth	11
Skin	5
Eyes—Vision	2
Squint	1
Ears—Hearing	4
Otitis Media	1
Other	2
Nose and Throat	13
Lungs	9
Posture	1
Epilepsy	1
Other defects	1

Of the children with these defects four were referred to the Consultant E.N.T. Surgeon, one child to the Consultant Pædiatrician, three children to the Oculist to the Education Committee, two for examination for visual defect, and one for an apparent squint.

The remaining children were referred to their family doctor, or were already receiving treatment from him for the condition noted.

CLAREMONT OPEN-AIR SCHOOL

A large percentage of the children suffer from asthma, bronchiectasis and other respiratory infections, but ailments are many and varied. There has been a rise in the number of heart cases and physically handicapped children admitted, and there are now over thirty physically handicapped children in school. These include post-poliomyelitis cases, amputations, cerebral palsied children, and children in hip spicas. Five of these children receive ambulance transport, and others travel to school by special bus with some difficulty. Some of these physically handicapped children are taken to Blackfriars Road Swimming Baths each Friday, where they are given the use of a small swimming bath, with a water temperature of 80 degrees and a high air temperature, and here they are given hydrotherapy and taught swimming. One boy, who is paralysed in one arm and both legs has been awarded a certificate for swimming one length of the bath, and many others are swimming well. All children attending have gained greatly in confidence, and arrangements are now being made to take a group of younger handicapped children for similar lessons in the small pool at Lightoaks School. An ambulance carries physically handicapped children to the baths.

The usual swimming class for delicate children still continues at the Seedley Baths, and many children have gained certificates this year.

Two interesting visits have taken place during the year.

In September a party of twenty children, accompanied by teaching staff, spent a long week-end Youth Hostelling in the Yorkshire Dales. They stayed at the Ingleton Youth Hostel, and during their stay climbed Ingleborough and visited the Falls and the White Scar Cavern. The week-end was educational and pleasurable. An interesting sidelight was that staff, who slept in dormitories with the children, who included cases of asthma and bronchiectasis, were able to note the difficulties these children were caused by respiratory troubles, and to observe the marked improvement in breathing on the second night, after a day spent in the open-air.

In November, a luxury coach was obtained through the help of a friend of the school, and a party of about forty children, accompanied by teaching staff, were taken to the Lake District. A walking party set off from Grasmere to walk to Skelwith, and a party of crippled children were taken on to Keswick by coach. Motorists skirting Thirlmere were surprised to see a fleet of wheel chairs being pushed around the road which skirts the lake.

During Civic Week the school was open to the public, and many citizens of Salford, including His Worship the Mayor, paid visits. They were able to see physiotherapy and other treatment, exhibitions of work by the children, and normal lessons in progress. An exhibition of work was held by the homebound children, and the Mayor spent some time with them and their parents. This is the second year in which the school has been hosts to these children.

Visitors during the year have included student health visitors, from the University, students on special courses at the University, students of Manchester Day Training College, and Sedgley Park Training College, students from the Community Nursing Course, Manchester University, students from the one-year course for teachers of handicapped children at Manchester Day Training College, with tutors, and H.M.I.'s connected with the course, doctors from Hope Hospital who are working for their Diploma of Public Health, students from the Nursery Nurses' Course at Chaseley Field, and hospital nurses. Overseas visitors have included administrative officials from the Sudan, India and the West Indies.

In September the annual harvest festival was held and parents gave most generously. After a service, gifts were handed over to the Health Department for distribution to old people of Salford. Many delightful letters were received by the children from appreciative recipients of fruit and vegetables.

Two classes of senior girls now attend cookery classes at Halton Bank County Primary School. So far this has proved very successful and has filled a long-felt need.

During December an evening meeting of parents was held, mainly to discuss the possibility of holidays for the children, but also as a social gathering. Although the weather was bad there was an excellent attendance ; parents were given tea and there was an exhibition of colour slides of various school and out-of-school activities.

Many parents of severely handicapped children tackle their problems very well. Most parents are anxious for advice, and visit the school frequently.

The year ended with the annual party and fancy dress ball, followed by a visit to the circus. There were about forty guests at the party, which was greatly enjoyed.

The audiometrician has visited the school during the year to make sweep hearing tests. He has given us the benefit of his advice where any degree of hearing loss has been noted, and it was surprising to find how many children have slight, and in a few cases, severe hearing loss.

In December, a meeting was arranged of head teachers of special schools with senior children, to discuss after-care, and the extension of the work already being done by the School Welfare Department. It now seems likely that even more will be done for our children in the first difficult years after they leave school.

One physically handicapped boy who left the school at Christmas is awaiting training, but all other children who left the school during 1961 are in full employment, including one very handicapped cerebral palsied boy, who is working as a storekeeper. Many children are attending evening classes, and studying such subjects as English, photography, French and mathematics. It is most encouraging that so many of them are able to lead normal and happy lives.

BARR HILL OPEN-AIR SCHOOL

During the year ended December, 1961, there were no major alterations or reorganisations. Those of the previous year have proved very satisfactory. The following statistics relate to the year under review :—

Discharges : 30 children left during the year.

Diagnosis :

Delicacy	20
Respiratory Infections	5
Bronchitis	2
Asthma	2
Nervous Debility	1
Total	30

Reasons for Discharge :

School Leaver	1
Fit for Ordinary School	24
Transferred for Further Treatment	1
Removal	4
Total	30

The length of stay varied between nine months and seven years, but the more usual period was between one-and-a-half and three years.

Admissions : 30 children were admitted.

Diagnosis :

Delicacy	7
Anæmia	3
Asthma	5
Upper Respiratory Infections	5
Tuberculous Pleural Effusion	1
Bronchitis	6
Congenital Heart Lesion	1
Perthes Disease	1
Otorrhœa	1
Total	30

Age on Admission.

The average age on admission continues to decrease. This year it was 7 years 8 months. Out of 30 children only three were over 11 years of age, 16 were of junior school age and 11 of infant school age. It has been possible to provide woodwork instruction for all the senior boys, and domestic science instruction for all the senior girls, at a neighbouring school.

HOPE HOSPITAL SCHOOL

In the early part of the year the hospital wards were exceedingly busy, and the numbers on the school roll were higher than they have been for some time, although many of the cases have been of fairly short duration.

There have been fewer orthopædic patients of late, for the less serious cases are now sent home in plaster if conditions are suitable. Ear cases, too, now seem to stay in hospital for a shorter period, for after the initial treatment the children often go home and attend the Out-Patients' Department for daily dressings.

Children spent less time out of doors than during previous summers, partly owing to the bad weather and partly because it is now more difficult to find suitable space for the children as the piece of land used as a children's garden has now been built upon.

During the summer months all the three children's wards have been moved and they are now situated in one block. This has entailed a good deal of reorganisation, both as regards staffing and the accommodation of equipment. Things are now running smoothly again.

A Coffee Evening was held in April at Cleveland House, well attended by parents and friends, and sincere thanks are due to the hospital staff for their help and support. Financially, too, the evening was very successful.

Spastic Class.

The character of this class has changed considerably during the year. Most of the older children have reached school-leaving age and, except for two senior pupils, the class now consists of an infant and a young junior group.

Of the children who have left the class this year, one has gone to the Open-Air School, two have gone to local Occupation Centres, one is awaiting admission to a residential school for spastics, and one is awaiting training for sheltered employment.

The younger children who remain in the class are for the most part fairly lightly handicapped. Most of them are of average intelligence and are making good progress.

The class has had the advantage of being able to watch an occasional television lesson, thanks to the generous gift by one of the parents. Thanks are also due to the boys of Hope Hall Handicraft Centre who have presented the school this Christmas with a very fine bird table.

HOME TEACHING

It has to be reported with deep regret that one of the children visited for home teaching in 1961 died during the year. She had been a joy to teach, a happy child, and always eagerly preparing for her next meeting with the Home Teacher. It is very good to know that such a child, with such a brief expectation of life, had been kept happily occupied, and that thoughts of her serious illness had been kept at bay calmly and with fortitude.

The Open Day was held at Claremont Open-Air School in July. Once again the Head Teacher and her staff welcomed the Home Bound children and their parents. The Mayor was introduced to the children, and her encouraging words were much appreciated by the parents and teachers.

The rest of the report on the Home Teaching is much as before. On the whole, the children are interested in their work and are making progress. There is a wide range of ability amongst this group of children and the teachers have to be very versatile to keep up with the interests that arise and at the same time to give steady teaching in the basic 3 R subjects.

M.H., D.M., M.D. and E.G. can read well and are reasonably successful with arithmetic. Their maps, plans and models are most original in conception and of a high standard.

M.W., W.S. and D.S. have still to master the technique of reading. They try hard but the progress is slow.

SPECIAL CLASS FOR PARTIALLY DEAF CHILDREN

The Partially Deaf Class at Seedley continues to cater for ten children of infant-junior age.

The age range necessitates putting the accent on individual development and enterprise. But certain benefits accrue from the mixing of the rather older with younger children in that the younger are stimulated by the achievements and capabilities of the older element.

Children who have fallen behind in ordinary schools because of their auditory handicap are admitted here ; there are also those who begin their school lives in this class.

It is hoped wherever possible to bring about a rapid improvement in the child's attainment with a view to fitting him to take a satisfactory place in an ordinary class. This is not possible in all cases. In the last year, however, two of the more successful children have been transferred to their neighbourhood secondary schools where they appear to be doing well.

The class works in close harmony with the rest of the school in which it is accommodated. All the children spend certain periods of the day with the ordinary classes. This is most helpful in improving the social adjustment of the children.

Particular attention is paid to the linguistic and emotional development of the children.

Modern methods of auditory training are employed to exploit to the fullest extent the child's defective capacity to hear. Many children issued with hearing aids at first make unsatisfactory use of them. It is an essential part of the work of the class to train the child to use his aid and, perhaps most important, to counsel him to accept it.

More severely handicapped children may even appear to be dumb on admission ; they are taught to speak—a slow process but sure, nevertheless.

Some research has recently been conducted in the class, under the auspices of the University Department of Audiology and Education of the Deaf, into the use of binaural hearing aids by children. The statistical analysis of results so far indicates that binaural aids may be of considerable advantage to the type of child in this class. Heretofore, very little research has been done into this problem—indeed, it has not hitherto been possible to find a single statistically sound evaluation of the use of binaural aids by schoolchildren.

BROOMEDGE SCHOOL

There was an average of 54 children on roll throughout the year, but for the first seven months up to July the school was almost full to capacity with an average of 59, in the proportions of two boys to one girl. (In January, there were 41 boys to 19 girls). By September, however, boys and girls attended in equal numbers. The leavers, with the exception of one boy, were transferred to the lowest streams of secondary modern schools. All could read at levels which ranged from reading-age five years to reading-age nine years. In addition to the leavers, seven children were temporarily retained, until satisfactory placement could be arranged. At the time of writing, four of them remain, and they, too, will be found suitable places in the near future.

The following table illustrates the composition of the school in the September term, 1961 :—

I.Q.	AGE RANGE					Totals
	7	8	9	10	11	
40–44	...	...	...	1	...	1
45–49	...	...	...	...	...	...
50–54	1	...	...	1	...	2
55–59	...	...	1	...	...	1
60–64	...	...	1	...	1	2
65–69	...	1	3	3	...	7
70–74	...	...	1	3	...	4
75–79	...	3	7	4	2	16
80–84	1	1	4	3	3	12
85–89	...	...	1	...	...	1
90–94	...	...	...	...	...	...
Totals	2	5	18	15	6	46

The mean I.Q. is 74·6 and the range 43 points. The mean age is 9·4 years.

Despite the fact that temporarily the number on roll is low, the mean I.Q. and the mean age reflect little change. The steady decline in both means, which was noticed last year, appears to have halted, and there seems to be a smaller proportion of the children in the 75 to 84 range.

Perhaps the most outstanding difference between this year's children and those of other years is reflected in the fact that there were no children transferred to normal primary schools ; on the other hand, nor were any transferred under Section 57 (3) to occupational centres.

Welfare.

The average attendance was 90·2% ; the highest figure was 95% (February) and the lowest 85% (January).

There was one Juvenile Court case during the year.

Denominational religious education for R.C. children continues to be given by a Sister of Charity of the Order of St. Vincent de Paul.

Physical Health.

The annual routine medical inspection was carried out in three separate sessions during the course of the year ; one in February and two in November. Throughout the year, the following recommendations for further examination or treatment were made :—

Dental	17
Ears	3
Speech Therapy	4
Nasal Drill	6
Eye Tests	5
Sun-Ray Treatment	1
Secondary Scabies Infection	1
Enuresis	1

The class for breathing exercises was increased from eight children at the beginning of the year to twelve at the end.

The number of children who suffer from speech defects remained at nine, and was sufficient to warrant the establishment of a speech clinic of one half-day session per week in the school, from February until midsummer.

Additional health examinations were :—

(i) Audiometer tests of all children. Eight cases of defective hearing, none severe, were discovered.
(ii) All the children were inoculated against poliomyelitis.
(iii) A full dental inspection.
(iv) Two children, a boy and a girl, were referred for psychiatric treatment.

Out-of-School Activities.

As in previous years the whole school took part in an educational journey to Ainsdale. In all, 54 children were taken—supervised by the teaching staff, who were assisted by two of the kitchen staff, attendance officer and a nurse from the School Health Service. It was a successful day. The journey through the countryside, where the children saw fields of cattle, was of as great a value to the children as their first sight of the sea.

As is customary, the school-leavers were taken on a visit to their new schools wherever it was possible to arrange, and twelve selected children were taken to the University Union's Christmas Party.

The whole school attended a Christmas Carol Service at Broughton High School for Girls, and the school choir visited Glendale Hostel for the Aged and Handicapped, in order to sing Christmas Carols for the residents.

The whole available school went to Belle Vue Circus. Unfortunately, many children were ill with influenza, and only 35 were able to attend.

In addition, whole classes were taken for nature study walks to Clowes Park, by the river to the former Old Manchester Golf Course in Kersal, and up to Moor Lane to see the crocuses.

Swimming.

During the summer season a party of sixteen attended Blackfriars Baths each week, and seven third-class and one first-class proficiency certificates were awarded.

The year's activities ended with the school's Christmas Party, which was held on 20th December, from 2-15 p.m. to 4 p.m. It was an extremely foggy day and only one of the invited guests was able to come. The entertainer was Mr. Richardson, of Middleton, who displayed an excellent pantomime of puppets and also a performance of musical puppets. It was most fortunate that he was able to reach the school through the dense fog.

FERNHILL SCHOOL

The school opened in April, 1961, with a staff of nine teachers, and 132 children were admitted. In May a school clerk was appointed to work three days weekly and this appointment has been of great value. In June a Child Care Reserve assistant joined the staff and her duties have included bathing children, escorting children for treatment, supervising the issue of towels for children, minor ailments treatment, repair of clothing and many other duties which again have freed teachers from these responsibilities.

On 7th July, the school was officially opened by Councillor S. Davies, J.P., the Mayor of Salford (Alderman Mrs. E. E. Mallinson, J.P.) being in the chair. Guests took the opportunity of seeing the pleasant site and attractive layout of the school.

After the summer vacation two part-time teachers joined the staff to take housecraft and boys' craft, and so make full use of the excellent facilities available for woodwork, metalwork, cookery, laundry and needlework.

A very helpful innovation in the Autumn Term was the first meeting to investigate and discuss the general policy for selection, admission, etc., of educationally subnormal children to the two E.S.N. schools. Both head teachers were present, together with the educational psychologist and representatives of the Director of Education and the Principal School Medical Officer. There are to be frequent subsequent meetings and they will prove to be of immense value in the case studies of various children.

During the year the Dental Officer visited the school and inspected all children present on that day. Eighty-three children were deemed to be in need of dental attention. About half of this number responded to the invitation to attend for treatment.

In November a meeting was held at the school to discuss the After Care of Special School Leavers. Present at the meeting were representatives of School Welfare, Further Education, Inspector of Schools and all Special School head teachers who have children of leaving age. Much helpful discussion was forthcoming and the promise of future meetings will draw attention to this extremely important aspect of our work with handicapped children.

The Chairman of the Education Committee presented " The Samuel Davies Shield " to the school for house competition and much enthusiasm has been aroused through the House system.

During the year it has been found possible to return 27 children to the ordinary schools as it was thought they were capable of holding their own in such schools. This action facilitated the entry of children of lower ability who were still in the ordinary schools. The following table shows the distribution of children through I.Q. and age ranges at the end of the year :—

I.Q.	AGE RANGE									Totals
	7	8	9	10	11	12	13	14	15	
30–39	...	...	...	...	1	...	...	...	...	1
40–49	2	...	...	...	...	...	1	1	...	4
50–59	1	2	...	...	1	1	2	2	...	9
60–69	1	2	2	1	6	7	1	5	1	26
70–79	6	2	10	9	13	16	11	2	1	70
80–89	3	6	3	6	3	9	4	1	...	35
90–99	...	...	...	...	1	3	...	1	...	5
Totals ...	13	12	15	16	25	36	19	12	2	150

As can be seen, there are still a fair proportion of I.Q.'s over 80. Experience with these particular children emphasises more than ever that it is not wise to place too much reliance on an I.Q. as many of the children in this group besides being educationally retarded are immature and socially inadequate. There is no doubt that many of the children have been brought to the notice of the Medical Officer because of their anti-social behaviour and the task has been made difficult because of these children. One way to alleviate this problem is to take steps to ensure that the true educationally subnormal is picked out at an early stage. Of course, the situation was unavoidable in the early life of the school, but with the local provision for junior E.S.N. children as it is at present, it should be possible to deal with a good proportion of the children at this earlier stage and thus avoid many of the difficulties that are experienced with the senior children who have been in the ordinary schools for six or seven years.

The Audiometrician has visited the school a number of times and his tests have revealed that fifteen children have the additional handicap of deafness in varying degrees. Two of the children were of such a serious nature as to require hearing aids. Fourteen children have quite serious speech defects which handicap their reading, and other additional handicaps include epilepsy (2), asthma (1), cerebral palsy (1), and, of course, a good number with visual deficiencies.

During the year, educational visits have been made to Buile Hill Park coal mine, the Fire Station, Agecroft Power Station, and the senior groups have visited three factories in connection with their study of the Industry of Salford.

Lunch-time clubs have embraced the following activities : Dancing, art and craft, dominoes and draughts, knock-out competitions, musical games, and a choir, all made possible by the teachers giving up a great deal of their mid-day break.

End-of-term festivities included a junior party and a senior party, a Christmas play, a film show and a carol and lessons service, and culminated in a visit to Belle Vue Circus.

There have been many " teething " difficulties and there is a long way to go before we are really firmly established, but the first year augurs well for wider expansion of activities in the future.

SCHOOL MEALS SERVICE

The number of children having dinner at school on a day in October, 1961, was 11,137, showing an increase over the previous year of some 400. The numbers dining represent 45% of the children present in school, and of this number, about 12% have the dinner without payment, compared with about 15% in the previous year.

The number of children attending for dinner during holiday periods and on Saturdays continues to reduce. The percentage of children in attendance at school regularly drinking milk, provided without payment under the Milk in Schools Scheme, remained at the same level (86%) as in the previous year. During the year, two centres were closed and four new centres opened.

The reduced amount of money made available for minor works of improvement brought almost to a standstill the work of improving generally and hygienically the older canteen buildings.

The nutritional standards for the school dinner recommended by the Ministry of Education have been maintained.

An addition to the programme of training school meals staff has been the first appointments of girl trainees. Day release continues to employees taking the City and Guilds Catering Course at the Salford Technical College.

Details of the meals served during the financial years 1960-61 and 1959-60 are as follows :—

Type of Meal	Served in Maintained Schools		Supplied to Others, *e.g.*, Occupation Centres, Independent Schools, etc.		Totals	
	1960-61 *(187 days)	1959-60 (199 days)	1960-61	1959-60	1960-61	1959-60
Dinners†	2,150,633	2,265,083	49,821	50,055	2,200,454	2,315,138
Breakfasts	...	8,035	...	...	...	8,035
Teas	554	317	759	1,026	1,313	1,343

* Excludes holidays and Saturdays.

† Includes dinners served on Saturdays and in school holiday periods : 1960-61—45,760 ; 1959-60—50,200.

PHYSICAL EDUCATION

In many ways this has been a disappointing and frustrating year ; many of the problems which affected the work in 1960 still continue in 1961. In addition, changes in the financial situation made necessary the suspension of the supply of large equipment which provides such a stimulating challenge to the children. Secondary schools, where a gymnasium is provided, have not fared badly in this respect, but it has certainly affected adversely the primary schools, where there is still an only partially filled need for large equipment. In addition, some large apparatus put into primary schools over the last ten to twelve years is now either outdated or completely worn out (a tribute to the use which has been made of it) and it needs renewing. The Education Committee continue to supply small apparatus to the schools and the marking of school playgrounds for various activities and games is maintained. Plimsolls have not been provided and have been sorely missed. In the interests of safety and also with a care of the large apparatus in mind it is wiser not to permit children without suitable footwear to use this equipment, thus unfortunately limiting the scope of the work. In schools where the hall floor is in good condition it is possible to surmount the difficulty by encouraging the children to work bare-footed (which should improve the tone of the foot muscles generally) but on bad floors or for playground work this is obviously impossible.

Physical education lessons are part of the time-table in all types of schools. Top clothing is removed in all schools for the lesson, but the amount removed varies from school to school. It is best in the secondary schools where showering is an accepted part of the P.E. lesson. The standard of changing generally is good.

Staffing is still a major problem. There are still many vacant specialist positions in the secondary modern schools, despite the offer of posts of responsibility and national advertisement. Work is often carried on by various members of the staff who have little background to develop and maintain standards in a fully-equipped gymnasium. Because of this lack of staffing the excellent facilities provided by the Education Committee in the new secondary schools cannot be fully used. In the primary and all standard schools shortage of teachers, unsuitability of staff and the appointment of temporary teachers affect the work adversely, lowering the standards and making progress difficult. It is anticipated that this position will worsen during the coming year, since there will be practically no teachers coming out of colleges in July, 1962, due to the teacher training period being increased from two to three years.

In several primary schools, due to increased numbers, it is necessary to use the hall as a classroom, so it is only possible to take P.E. in the playground. Offsetting this, however, reorganisation has made available extra space in some junior schools.

Organised Games.

In all schools (except infant departments) at least one period weekly is allocated to games, and good use is made of both Education Committee and Parks Committee land. Football pitches are also rented at the Duncan Mathieson ground, and land which was part of this ground has been acquired by the Education Committee for future development as a playing field area. With the increased number of secondary schools, field games for the girls in these departments are presenting an increasing problem. There are insufficient hockey pitches to meet their needs, particularly on land owned by the Parks Committee, and those pitches which are available are frequently very rough with long grass. Under these conditions full use is not made of the pitches, and the long grass holds water, underlining the shortage amongst the girls of suitable footwear for field games. It may be that in the future the Education Committee may be able to make some provision in this direction. Many of the girls possess only one pair of outdoor-type shoes and cannot, therefore, bring a second pair for field games.

The position regarding the Ordsall Park remains as it was last year. The Park is open and can be used during school hours, but no pitches are marked or equipment available.

With the opening of new secondary modern schools the increasing need for additional playing field space is becoming more marked, as is also the need for additional and larger playing field pavilions.

Swimming.

Summer and winter time-tables for swimming are scheduled.

During the summer bathing period 86 mixed classes, 86 boys' classes, 86 girls' classes and one mixed class for physically handicapped children were arranged under the supervision of a swimming staff of three full-time (one woman and two men) teachers and three part-time teachers.

During the winter bathing period 56 mixed classes, 75 boys' classes, 38 girls' classes and one physically handicapped class were arranged under the supervision of a swimming staff of three full-time and two part-time teachers.

The plunge in the Seedley Baths, which had been closed for about twelve months, was reopened in time for the opening of the summer season. The loss of swimming time is reflected in the certificate results which are lower than in previous years. Examinations for the certificates issued by the Education Committee were held at the end of the summer season with the following results :—

	Advanced	*1st Class*	*2nd Class*	*3rd Class*
Girls	42	152	388	566
Boys	211	315	456	766
Totals	253	467	844	1,332

Thanks are due to the Baths Committee for the award of 1,300 free season tickets granted to children gaining a certificate for the first time. Royal Life Saving Society examinations were taken by Salford schoolchildren with the following results :—

Elementary	356	Giving a total of 1,078 awards.
Intermediate	287	
Bronze Medallion	202	
Bar to Bronze Medallion	32	
Bronze Cross	32	
Scholar Instructor	8	
Unigrip	161	

This gives an increase of 430 awards over the 1960 total. In the examination held by the Humane Society for the Hundred of Salford, twelve medals were offered (seven for boys and five for girls) and won by the children in the City.

Out-of-School Activities.

Courses have been organised and taken for teachers in basketball, rounders and netball, and a demonstration of both infant and junior work was arranged at one of the junior schools, and all these events were well attended. Greater interest in basketball has been shown as a result of the basketball course, resulting in the formation of the Salford Schools' Basketball Association. The Men Teachers' Physical Education Association is flourishing.

The Salford Schools' Sports Federation have again organised a wide range of activities covering swimming, rugby and association football, athletics, cricket, boxing, basketball, netball and rounders. Grateful thanks are due to the teachers who so unstintingly give of their spare time in order to make this possible. Several schools are now taking part in the Duke of Edinburgh's Award Scheme.

Physical Activity in the Youth Service.

A varied number of physical activities have been organised within the youth service and many clubs and youth organisations provide physical activities in Salford. These activities cover a wide field and include physical education for boys, keep fit for girls, basketball, netball, hockey, boxing, badminton, various types of dancing, table tennis, fives, weight lifting, athletics, swimming, fencing, judo, football of both codes, rounders, tennis, camping, hiking, club holidays, cycling, cricket, harriers, potholing and archery.

The under-21 netball team won the County Tournament at Liverpool.

SCHOOL WELFARE

Children and Young Persons Act, 1933-38, Section 18.

Employment of Children Byelaws.

School Welfare Officers patrol the streets of the City at all times of the day to supervise the employment of children and to ensure that the children employed are fully protected from the weather, that the legal hours of employment are observed, and that no child is expected to perform duties which would cause him physical strain. Schoolchildren from the age of 13 are allowed to be employed in certain occupations, but only after they have been examined by a School Medical Officer and found to be physically fit to undertake the work. This medical examination is repeated once every six months during the child's employment.

During the year, 540 applications were received from employers wishing to employ schoolchildren, and 509 licences were granted. Sixteen of the others did not attend the School Clinic for examination, 11 were found to be unfit for employment and four decided they did not wish to be employed. During the year, 456 licences were issued to boys and 53 licences were issued to girls for the following occupations :—

Delivery of Newspapers	485
Errand Boy—Grocery	17
,, ,, —Butchers	6
,, ,, —Ironmonger	1

Seven hundred and twenty-eight children have been examined during the year and found to be fit to continue their employment. One thousand one hundred and forty-seven enquiries have been made at places of employment or the homes of the children who are employed, by School Welfare Officers, who have also made 29 street patrols. As a result of these patrols several employers and parents were warned.

Six warning letters were sent to employers and two prosecutions are pending for infringements of the byelaws.

Children and Young Persons Act, 1933-38, Section 22.

Children Employed in Entertainment.

Four licences were issued for schoolchildren to appear either on the stage or on television, and all the children were able to reside at home and attend their ordinary schools. Satisfactory arrangements were made for the supervision of these children when they were at the theatre or studio.

Clothing and Footwear Cases dealt with in 1961. First Application for the Year Only.

The largest group of parents helped are still those in receipt of National Health Insurance for long periods, and their children number 555. Then come the following groups :—

Widows and deserted mothers	360
Parents separated and the mother has a Court Order	100
Unemployment over a long period	125
National Assistance cases (these are mainly cases where the father is serving a prison sentence)	60
Parents died and grandmother bring up children	21
Parents working on unskilled work for small wage and eligible for free help	25
Cases where parents are working and paying weekly contributions	72

The pattern does not alter greatly year by year. The numbers, on the whole, are slightly below those of last year.

SCHOOL CLINICS

Location of School Clinics.	*Treatment carried out.*	*Attendance of School Medical Officer.*
Regent Road	Dental (including Oral Hygiene), Physiotherapy, U.V.R., Chiropody, Audiometry, Minor Ailments, Ear, Nose and Throat, Pædiatric, Orthopædic.	Daily (mornings).
Police Street	Dental, Physiotherapy, U.V.R., Minor Ailments.	Daily (afternoons).
Murray Street	Dental, Physiotherapy, U.V.R., Chiropody, Audiometry, Minor Ailments.	Daily (afternoons).
Langworthy Centre	Physiotherapy, U.V.R., Chiropody, Audiometry, Minor Ailments.	Daily (mornings).
Encombe Place	Dental (including Orthodontics and Oral Hygiene).	——
Landseer Street	Physiotherapy	——
Ordsall Junior Mixed School.	Speech Therapy	——
Broughton Secondary Modern School.	Speech Therapy, Minor Ailments.	——
Blackfriars Road School ...	Minor Ailments	——
Barr Hill Open-Air School...	Physiotherapy, Minor Ailments ...	Wednesday afternoon.
Claremont Open-Air School.	Physiotherapy, U.V.R., Speech Therapy, Minor Ailments.	Tuesday morning.
Education Office	Ophthalmic	Daily (afternoons).
Cleveland House	Physiotherapy, Speech Therapy ...	——
Clarendon Secondary Modern School.	Minor Ailments	——
Summerville Clinic	Physiotherapy	——
Parkfield	Physiotherapy	——
Ordsall Secondary Modern School (Boys).	Minor Ailments	——
Ordsall Secondary Modern School (Girls).	Minor Ailments	——
Cromwell Secondary Modern School.	Minor Ailments	——
St. Albert Secondary Modern School.	Minor Ailments	——

AVERAGE HEIGHTS AND WEIGHTS, 1961

	Average Age	Average Height	Average Weight	Number Examined
NURSERY				
Boys	4 yrs. 8 mths.	41·6 ins.	39·3 lbs.	230
Girls	4 yrs. 7·6 mths.	40·5 ins.	37·4 lbs.	227
ENTRANTS				
Boys	5 yrs. 6·7 mths.	42·1 ins.	42·9 lbs.	980
Girls	5 yrs. 7·5 mths.	42·7 ins.	41·7 lbs.	947
LEAVERS				
Boys	13 yrs. 8 mths.	61·9 ins.	99·8 lbs.	662
Girls	13 yrs. 1·2 mths.	60·5 ins.	103·1 lbs.	692
TOTAL				3,738

STATISTICAL TABLES

PART I.

Medical Inspection of Pupils Attending Maintained and Assisted Primary and Secondary Schools (Including Nursery and Special Schools).

TABLE A—PERIODIC MEDICAL INSPECTIONS.

Age Groups Inspected (by year of birth)	Number of Pupils Inspected	Physical Condition of Pupils Inspected			
		Satisfactory		Unsatisfactory	
		Number	% of Col. 2	Number	% of Col. 2
(1)	(2)	(3)	(4)	(5)	(6)
1957 and later	261	251	96·1	10	3·9
1956	1,108	1,051	94·8	57	5·2
1955	928	889	95·8	39	4·2
1954	138	133	96·4	5	3·6
1953	...	...	...	...	...
1952	...	...	...	...	...
1951	...	...	...	...	...
1950	...	...	...	...	...
1949	...	...	...	...	...
1948	...	...	...	...	...
1947	353	348	98·8	5	1·13
1946 and earlier ...	123	117	95·3	6	4·7
TOTAL	2,911	2,789	95·8%	122	4·2%

TABLE B—PUPILS FOUND TO REQUIRE TREATMENT AT PERIODIC MEDICAL INSPECTIONS.

(Excluding Dental Diseases and Infestation with Vermin).

Age Groups Inspected (by year of birth) (1)	For Defective Vision (excluding squint) (2)	For any of the other conditions recorded in Part II (3)	Total Individual Pupils (4)
1957 and later... ...	1	50	51
1956	3	290	291
1955	8	203	208
1954	2	40	41
1953	...	...	...
1952	...	...	...
1951	...	...	...
1950	...	...	...
1949	...	...	...
1948	...	...	...
1947	60	94	134
1946 and earlier ...	13	43	48
TOTAL	87	720	773

TABLE C—OTHER INSPECTIONS.

Number of special inspections	6,575
Number of re-inspections	4,149
TOTAL	10,724

TABLE D—INFESTATION WITH VERMIN.

(*a*) Total number of individual examinations of pupils in schools by school nurses or other authorised persons	69,228
(*b*) Total number of individual pupils found to be infested	1,272

PART II.

TABLE A—Return of Defects Found by Medical Inspection in the Year Ended 31st December, 1961.

Defect Code No.	Defect or Disease	Periodic Inspections							
		Entrants		Leavers		Others		Total	
		Requiring Treatment	Requiring Observation	Requiring Treatment	Requiring Observation	Requiring Treatment	Requiring Observation	Requiring Treatment	Requiring Observation
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
4.	Skin	56	87	52	21	14	17	122	125
5.	Eyes—								
	(*a*) Vision	15	10	74	15	1	1	90	26
	(*b*) Squint	37	39	8	3	16	7	61	49
	(*c*) Other	11	17	5	2	4	6	20	25
6.	Ears—								
	(*a*) Hearing	47	257	12	46	6	57	65	360
	(*b*) Otitis Media	15	462	5	73	18	143	38	678
	(*c*) Other	91	25	15	...	20	6	126	31
7.	Nose and Throat	93	701	22	52	28	181	143	934
8.	Speech	14	60	1	4	...	19	15	83
9.	Lymphatic Glands	3	535	...	29	1	110	4	674
10.	Heart	7	40	...	7	4	16	11	63
11.	Lungs	21	100	1	9	9	31	31	140
12.	Developmental—								
	(*a*) Hernia	5	23	...	...	1	8	6	31
	(*b*) Other	2	41	4	9	...	2	6	52
13.	Orthopædic—								
	(*a*) Posture	12	18	3	9	5	1	20	28
	(*b*) Feet	84	57	11	5	20	18	115	80
	(*c*) Other	57	91	9	10	21	41	87	142
14.	Nervous System—								
	(*a*) Epilepsy	2	15	...	...	...	3	2	18
	(*b*) Other	...	121	3	9	...	43	3	173
15.	Psychological—								
	(*a*) Development	...	32	...	9	...	5	...	46
	(*b*) Stability	1	129	...	16	3	62	4	207
16.	Abdomen	3	7	...	...	...	4	3	11
17.	Other	2	5	...	1	...	3	2	9

PART II.

TABLE B—Special Inspections.

Defect Code No. (1)	Defect or Disease (2)	Special Inspections	
		Requiring treatment (3)	Requiring observation (4)
4.	Skin	336	349
5.	Eyes—		
	(*a*) Vision	200	81
	(*b*) Squint	42	45
	(*c*) Other	74	97
6.	Ears—		
	(*a*) Hearing	58	1,556
	(*b*) Otitis Media	361	446
	(*c*) Other	337	687
7.	Nose and Throat	711	1,898
8.	Speech	61	199
9.	Lymphatic Glands	8	694
10.	Heart	73	337
11.	Lungs	134	500
12.	Developmental—		
	(*a*) Hernia	8	37
	(*b*) Other	25	362
13.	Orthopædic—		
	(*a*) Posture	34	46
	(*b*) Feet	107	160
	(*c*) Other	214	406
14.	Nervous system—		
	(*a*) Epilepsy	22	68
	(*b*) Other	8	284
15.	Psychological—		
	(*a*) Development	7	152
	(*b*) Stability	7	342
16.	Abdomen	7	94
17.	Other	5	359

PART III.

Treatment of Pupils Attending Maintained Primary and Secondary Schools (including Special Schools).

TABLE A—EYE DISEASES, DEFECTIVE VISION AND SQUINT.

	Number of cases known to have been dealt with	
	By the Authority	Otherwise
External and other, excluding errors of refraction and squint	293	—
Errors of refraction (including squint)	2,511	—
TOTAL	2,804	
Number of pupils for whom spectacles were prescribed	2,188	

TABLE B—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT.

	Number of cases known to have been treated	
	By the Authority	Otherwise
Received operative treatment for—		
(*a*) diseases of the ear	—	76
(*b*) adenoids and chronic tonsillitis	—	550
(*c*) other nose and throat conditions	—	20
Received other forms of treatment	—	86
TOTAL		732
Total number of pupils in schools who are known to have been provided with hearing aids—		
(*a*) in 1961	—	14
(*b*) in previous years	—	40

TABLE C—ORTHOPÆDIC AND POSTURAL DEFECTS.

	Number of cases known to have been treated
(*a*) Pupils treated at clinics or out-patient departments	329
(*b*) Pupils treated at school for postural defects	75
TOTAL	404

TABLE D—DISEASES OF THE SKIN.

(Excluding uncleanliness for which see Table D of Part I).

	Number of cases known to have been treated
Ringworm—	
(*a*) Scalp	1
(*b*) Body	5
Scabies	3
Impetigo	111
Other skin diseases	1,115
TOTAL	1,235

TABLE E—CHILD GUIDANCE TREATMENT.

	Number of cases known to have been treated
Pupils treated at Child Guidance Clinics	95

TABLE F—SPEECH THERAPY.

	Number of cases known to have been treated
Pupils treated by Speech Therapists	168

TABLE G—OTHER TREATMENT GIVEN.

	Number of cases known to have been dealt with
(*a*) Pupils with minor ailments	22,608
(*b*) Pupils who received convalescent treatment under School Health Service arrangements	58
(*c*) Pupils who received B.C.G. vaccination	907
(*d*) Other than (*a*), (*b*) and (*c*) above (specify)—	
1. Sun-ray	456
2. Chiropody	1,167
3. Treatment by Neurologist	9
4. ,, ,, Pædiatrician	101
5. ,, ,, Breathing Exercises	722
6. ,, ,, Postural Drainage	48
TOTAL (*a*)—(*d*)	26,076

PART IV.

DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY.

(1)	Number of pupils inspected by the Authority's Dental Officers—	
	(*a*) At Periodic Inspections	12,030
	(*b*) As Specials	3,647
	TOTAL (1)	15,677
(2)	Number found to require treatment	10,120
(3)	Number offered treatment	10,120
(4)	Number actually treated	9,653
(5)	Number of attendances made by pupils for treatment, including those recorded at heading 11 (h) below	17,002
(6)	Half days devoted to :	
	(*a*) Periodic (School) Inspection	89
	(*b*) Treatment	1,382
	TOTAL (6)	1,471
(7)	Fillings—	
	(*a*) Permanent Teeth	3,915
	(*b*) Temporary Teeth	472
	TOTAL (7)	4,387
(8)	Number of teeth filled—	
	(*a*) Permanent Teeth	3,770
	(*b*) Temporary Teeth	472
	TOTAL (8)	4,242
(9)	Extractions—	
	(*a*) Permanent Teeth	1,977
	(*b*) Temporary Teeth	5,616
	TOTAL (9)	7,593
(10)	Administration of general anæsthetics for extraction	2,227
(11)	Orthodontics—	
	(*a*) Cases commenced during the year	87
	(*b*) Cases carried forward from previous year	194
	(*c*) Cases completed during the year	49
	(*d*) Cases discontinued during the year	23
	(*e*) Pupils treated with appliances	142
	(*f*) Removable appliances fitted	90
	(*g*) Fixed appliances fitted	24
	(*h*) Total attendances	1,059
(12)	Number of pupils supplied with artificial teeth	96
(13)	Other operations—	
	(*a*) Permanent Teeth	817
	(*b*) Temporary Teeth	931
	TOTAL (13)	1,748

HANDICAPPED PUPILS

	Blind	Partially Sighted	Deaf	Partially Deaf	Physically Handicapped	Delicate	Maladjusted	E.S.N.	Epileptic	Speech Defects	Total (Cols. 1–10)
During the calendar year ended 31st December, 1961—											
A. How many handicapped pupils were newly assessed as needing special educational treatment at special schools or in boarding homes ? ...	2	2	3	...	17	71	2	95	...	...	192
B. (i) Of the children included at A, how many were newly placed in special schools (other than hospital special schools) or boarding homes ?	2	2	2	...	10	56	...	37	...	...	109
(ii) Of the children assessed prior to 1st January, 1961, how many were newly placed in special schools (other than hospital special schools) or boarding homes ?	...	1	...	...	6	56	1	137	...	...	201
Total (B (i) and B (ii)) ...	2	3	2	...	16	112	1	174	...	...	310

HANDICAPPED PUPILS—*Continued.*

	Blind	Partially Sighted	Deaf	Partially Deaf	Physically Handicapped	Delicate	Maladjusted	E.S.N.	Epileptic	Speech Defects	TOTAL (Cols. 1–10)
On or about 20th January, 1962, how many handicapped pupils from the Authority's area ?—											
C. (i) were requiring places in special schools—TOTAL—											
(*a*) day	...	...	...	...	3	8	...	275	1	...	287
(*b*) boarding	...	...	...	...	5	3	1	4	...	...	13
(ii) included at (i) had not reached the age of 5 and were awaiting—											
(*a*) day places ...	...	...	...	...	1	...	...	...	...	...	1
(*b*) boarding places	...	...	...	...	...	...	...	...	...	...	...
(iii) included at (i) who had reached the age of 5, but whose parents had refused consent to their admission to a special school, were awaiting—											
(*a*) day places ...	...	...	...	...	1	3	...	72	...	...	76
(*b*) boarding places	...	...	...	...	...	1	...	...	...	...	1
D. (i) were on the registers of (1) maintained special schools as—											
(*a*) day pupils ...	...	13	...	...	28	257	...	202	...	...	500
(*b*) boarding pupils	...	...	...	...	1	...	...	6	...	...	7
(2) non-maintained special schools as—											
(*a*) day pupils ...	...	...	6	...	...	...	...	...	...	...	6
(*b*) boarding pupils	5	...	11	...	5	12	2	17	...	...	52
TOTAL	5	13	17	...	34	269	2	225	...	...	565

HANDICAPPED PUPILS—*Continued.*

	Blind	Partially Sighted	Deaf	Partially Deaf	Physically Handicapped	Delicate	Maladjusted	E.S.N.	Epileptic	Speech Defects	TOTAL (Cols. 1–10)
D (ii) were on the registers of independent schools under arrangements made by the Authority	...	...	...	...	...	...	2	...	...	...	2
TOTAL (D (i) and D (ii)) ...	5	13	17	...	34	269	4	225	...	...	567
(iii) were boarded in homes and not already included under (i) and (ii) above...	...	...	...	...	...	...	1	...	...	...	1
TOTAL (D (i), (ii) and (iii))...	5	13	17	...	34	269	5	225	...	...	568
On or about 20th January, 1962, how many handicapped pupils (irrespective of the area to which they belong) were being educated under arrangements made by the Authority in accordance with Section 56 of the Education Act, 1944 ?—											
E. (i) in hospitals	...	...	...	...	...	...	...	...	...	...	...
(ii) in other groups (*e.g.*, units for spastics, convalescent homes)	...	...	...	...	...	...	...	...	...	...	...
(iii) at home	...	...	...	...	5	2	...	...	...	...	7

CHIROPODY SURVEY SUMMARY, 1961.

Age Group (*years*)	5 to 6				7 to 8				9 to 10				11 to 12				13 to 15				TOTAL				
Sex	M		F		M		F		M		F		M		F		M		F		M		F		Total
Defect Group	B	C	B	C	B	C	B	C	B	C	B	C	B	C	B	C	B	C	B	C	B	C	B	C	
CORNS	1	—	—	—	—	—	1	—	—	—	—	—	1	—	1	—	—	—	—	—	2	—	2	—	4
VERRUCA	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	2	—	—	—	2	—	1	3
WEAK LONG ARCH	22	13	16	7	31	17	30	10	28	10	36	20	29	10	19	11	44	14	—	4	154	64	101	52	371
FOOTWEAR DEGREES OF ACCURACY IN FITTING ...	26	9	17	19	20	11	31	22	35	9	50	13	82	16	19	12	117	24	8	4	280	69	125	70	544
DEFECTS OF LESSER TOES ...	6	13	4	3	3	7	5	7	6	4	12	8	6	5	3	—	10	2	1	—	31	31	12	18	105
HALLUX VALGUS	18	1	12	5	18	9	36	6	23	7	39	19	57	6	24	5	81	3	2	2	197	26	113	37	373
NAILS	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
TOTAL	76	36	49	34	72	44	103	46	92	30	137	60	175	37	66	28	252	45	11	10	664	192	366	178	1,400
TOTAL NUMBER OF CHILDREN EXAMINED MALES AND FEMALES	137		143		192		176		152		166		256		47		307		21		1,044		553		1,597
TOTAL NUMBER OF MALES AND FEMALES EXAMINED	280				368				318				303				328				1,597				